

EXHIBIT A — SAMPLE REQUEST FOR TOXICOLOGY SERVICES/CHAIN OF CUSTODY FORM



12345678—1122333

Specimen ID NO.

STEP 1: COMPLETED BY COLLECTOR

Employer Name, Address, I.D. No. _____ _____ _____ _____	DPO/Case Worker: _____
Donor SSN or Employee ID No. _____	
Donor Name: Last _____ First _____	
Donor ID Verified: <input type="checkbox"/> Photo ID <input type="checkbox"/> Emp. Rep. _____	
Drug Tests to be performed: _____	
Collection Site Name: _____	Collector Phone #: _____
Address: _____	Collector Fax #: _____
City/State/Zip: _____	

Step 2: COMPLETED BY COLLECTOR

Read specimen temperature within 4 minutes. Is temperature between 90° and 100° F?	
<input type="checkbox"/> Yes <input type="checkbox"/> No, enter remark _____	Observed: <input type="checkbox"/> (enter remark) _____
REMARKS: _____	

Step 3: Collector affixes bottle seal(s) to bottle(s). Collector dates seal(s). Donor initials seal(s). Donor completes Step 5.

Step 4: CHAIN OF CUSTODY—INITIATED BY COLLECTOR AND COMPLETED BY LABORATORY.

I certify the specimen given to me by the donor identified in the certification section on Copy 2 of this form was collected, labeled, sealed, and released to the Delivery Service noted in accordance with applicable requirements.			
<u>X</u> _____ Signature of Collector _____ (Print) Collector's Name (First, MI, Last)	AM PM Time of Collection _____/_____/_____ Date (Mo/Day/Yr)	SPECIMEN BOTTLE(S) RELEASED TO: <input type="checkbox"/> Vendor Courier <input type="checkbox"/> FedEx <input type="checkbox"/> Other _____ Name of Delivery Service Transferring Specimen	
RECEIVED AT LAB: <u>X</u> _____ Signature of Accessioner _____ (Print) Accessioner's Name (First, MI, Last)	AM PM Time of Receipt _____/_____/_____ Date (Mo/Day/Yr)	Primary Specimen Bottle Seal Intact: <input type="checkbox"/> Yes <input type="checkbox"/> No, Enter remark below	SPECIMEN BOTTLE(S) RELEASED TO:

Step 5: COMPLETED BY DONOR

I certify I provided my specimen to the collector; that I have not adulterated it in any manner; each specimen bottle used was sealed with a tamper-evident seal in my presence; and that the information and numbers provided on this form and on the label affixed to each specimen bottle is correct.			
<u>X</u> _____ Signature of Donor	_____ (Print) Donor's Name (First, MI, Last)	_____/_____/_____ Date (Mo/Day/Yr)	
Daytime Phone No. () _____	Evening Phone No. () _____	Date of Birth ____/____/____ Mo Day Yr	

LABELS

_____/_____/_____ Date (Mo/Day/Yr) _____ Donor's Initial's	CENTER OVER CAP <div style="border: 1px solid white; border-radius: 50%; width: 40px; height: 40px; margin: 0 auto; display: flex; align-items: center; justify-content: center;"> A </div>	 12345678—1122333 SPECIMEN ID NUMBER	
CENTER OVER CAP <div style="border: 1px solid white; border-radius: 50%; width: 40px; height: 40px; margin: 0 auto; display: flex; align-items: center; justify-content: center;"> B </div>	 12345678—1122333 SPECIMEN ID NUMBER	 12345678—1122333 TRACKING LABEL	