

SAMPLE CHAIN OF CUSTODY FORM

- 1) COMPLET DONOR INFORMATION
- 2) REQUEST THAT DONOR SIGN AND INITIAL THE SEAL
- 3) INDICATE THE DRUG TO BE CONFIRMED – DO NOT INDICATE ALL DRUGS – ONLY THOSE WITH INCONCLUSIVE SECOND LINE.
- 4) THIS IS YOUR SPECIMEN ID

<div style="display: inline-block; vertical-align: middle; margin-left: 10px;"> Premier Biotech Labs 723 Kasota Avenue SE Minneapolis, MN 55414 Toll Free: 855-718-6917 www.premierbiotech.com </div>		FORENSIC CHAIN OF CUSTODY FORM										
STEP 1: TO BE COMPLETED BY COLLECTOR *Required		<div style="font-size: 2em; border: 2px solid orange; border-radius: 50%; width: 60px; height: 60px; display: flex; align-items: center; justify-content: center; margin: 0 auto;">4</div> <div style="display: inline-block; text-align: left; margin-top: 10px;"> SPECIMEN ID # P1160XXX </div> <div style="text-align: right; margin-top: 10px;"> <small>P1160XXX</small> </div>										
<div style="display: flex; justify-content: space-between;"> <div> Donor Name: _____ <small>Last Name First Name</small> </div> <div> Date of Birth: ____/____/____ <small>Month Day Year</small> </div> <div> Donor ID: _____ </div> <div> Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male </div> </div>												
STEP 2: TO BE COMPLETED BY COLLECTOR *Required												
<div style="display: flex; justify-content: space-between;"> <div> Account Name - Location 555 Placeholder Avenue SE Minneapolis, MN 55414 Phone: 855-718-6917 www.premierbiotech.com </div> <div style="text-align: center;"> <small>ACCOUNT #: P1160XXX</small> </div> </div>												
<div style="border: 1px solid black; padding: 10px;"> Urine Confirmation (LC-MS/MS) <table style="width: 100%; border: none;"> <tr> <td><input type="checkbox"/> AMP/MET-Amphetamine/Methamphetamine</td> <td><input type="checkbox"/> COC-Cocaine</td> <td><input type="checkbox"/> THC-Marijuana</td> </tr> <tr> <td><input type="checkbox"/> BZO-Benzodiazepines</td> <td><input type="checkbox"/> EtG-Ethyl Glucuronide</td> <td><input type="checkbox"/> OPI-Opiates</td> </tr> <tr> <td><input type="checkbox"/> BUP-Buprenorphine</td> <td><input type="checkbox"/> K2-K2/Spice</td> <td><input type="checkbox"/> OXY-Oxycodone</td> </tr> </table> </div>				<input type="checkbox"/> AMP/MET-Amphetamine/Methamphetamine	<input type="checkbox"/> COC-Cocaine	<input type="checkbox"/> THC-Marijuana	<input type="checkbox"/> BZO-Benzodiazepines	<input type="checkbox"/> EtG-Ethyl Glucuronide	<input type="checkbox"/> OPI-Opiates	<input type="checkbox"/> BUP-Buprenorphine	<input type="checkbox"/> K2-K2/Spice	<input type="checkbox"/> OXY-Oxycodone
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STEP 3: TO BE COMPLETED BY DONOR *Required												
I, the donor, certify that the specimen bottle was sealed with a tamper evident seal in my presence and that this specimen is my own. I also certify that it has not been substituted or adulterated and the information I have provided on this form is true and correct under penalty of perjury.												
Donor Signature X_____ Donor Refused/Unable To Sign: <input type="checkbox"/>												
STEP 4: CHAIN OF CUSTODY - TO BE COMPLETED BY COLLECTOR *Required												
I, the collector, certify with my signature that the specimen identified here is the specimen I received from the donor identified and that I collected, labeled, sealed and released the specimen to the delivery service in accordance with applicable requirements.												
Collector Signature X_____												
Collector Name: _____ <small>Last Name First Name</small>												
Date Collected: ____/____/____ Time Collected: ____:____ AM PM <input type="checkbox"/> Observed <input type="checkbox"/> Unobserved												
Temperature Read Within 4 Minutes And Is In Range: <input type="checkbox"/> Yes <input type="checkbox"/> No: _____ Specimen Released to: _____ <small>Remark Required Courier Name</small>												
LAB USE ONLY												
Date Received: ____/____/____ Accessioner's initials: _____ Specimen Integrity: <input type="checkbox"/> Acceptable <input type="checkbox"/> Unacceptable												
<div style="display: flex; justify-content: space-between; align-items: center;"> <div style="text-align: center;"> <small>P1160XXX</small> </div> <div style="text-align: center;"> </div> <div style="text-align: center;"> <small>*Required SECURITY SEAL</small> </div> <div style="text-align: center;"> 2 </div> <div style="text-align: center;"> Date (Mo. Day Yr.) _____ <small>Donor's Initials</small> </div> <div style="text-align: center;"> <small>P1160XXX</small> </div> </div>												

SPECIMEN SEAL NEEDS TO BE AFFIXED TO SPECIMEN CONTAINER *** THIS COPY TO PREMIER BIOTECH LABS *** ALL NOTED REQUIRED FOR SAMPLE ACCEPTANCE