

**Business Office Manager Instructions
Chain of Custody Form**

- Applicants get all printed LSUHSC Drug Testing forms that are printed from the RN Expertise website. The *Agreement to Submit to an Alcohol and/or Drug Test and Authorization for the Release of the Test Result* form must be given back to you prior to the applicant taking the pre-employment test. Keep this form in the employee file
- Fill out the Chain of Custody form as seen below
- The applicant takes the *Chain of Custody* form and the *Drug Testing Notification Form* to the approved collection site
- The Specimen id number is the 10 digit number at the top middle of the COC form

If you have any questions please refer to the *Drug Testing Procedures for Pre-Employment Handbook* at:
www.lsuhs.edu/no/organizations/CampusHealth/drugtest.htm

CHAIN OF CUSTODY FORM

DTS - RTP
LABCORP
1904 ALEXANDER DRIVE
RTP, NC 27709
1100

Customer Service: 800-833-3984



SPECIMEN ID NO. **0763770755**

LAB ACCESSION NO.

STEP 1: TO BE COMPLETED BY COLLECTOR OR EMPLOYER REPRESENTATIVE

<p>A. Employer Name, Address and I.D. No. LSUHSC EMPLOYEES RN EXPERTISE INC 691 DOUGLAS AVE STE 101 ALTAMONTE SPRINGS FL 32717 407-865-6544 FAX: 407-865-7993</p> <p>Location _____</p>	<p>B. MRO Name, Address, Phone and Fax No. 09562840 RN EXPERTISE INC DR DAVID PARSONS 691 DOUGLAS AVE STE 101 ALTAMONTE FL 32714 407-865-6544 FAX: 407-865-7993</p>
<p>C. Donor SSN or Employee I.D. No. _____</p>	
<p>D. Reason for Test: <input checked="" type="checkbox"/> Pre-Employment <input type="checkbox"/> Random <input type="checkbox"/> Reasonable Suspicion/Cause <input type="checkbox"/> Post Accident <input type="checkbox"/> Periodic <input type="checkbox"/> Other _____</p>	
<p>E. Collection Site Address: _____</p>	
<p>F. Donor Identification Verified By: <input type="checkbox"/> Photo I.D. <input type="checkbox"/> Employer Representative</p>	

STEP 2: TO BE COMPLETED BY COLLECTOR

Read specimen temperature within 4 minutes. Is temperature between 90° and 100°F? Yes No, Enter Remark Below Split Specimen Collection Yes No

REMARKS: _____

STEP 3: TO BE COMPLETED BY COLLECTOR AND DONOR - Collector affixes bottle seal(s) to bottle(s). Collector dates seal(s). Donor initials seal(s).

STEP 4: TO BE COMPLETED BY COLLECTOR AND DONOR

G. Daytime Phone No. () _____ Evening Phone No. () _____ Date of Birth ____/____/____

H. TEST(S) REQUESTED BY EMPLOYER:
() 789121 - SAP 5 w/ NITRITE
(X) 789034 - SAP 7 w/ NITRITE
() 765304 - MEDPRO B plus URINE ALCOHOL **60ml REQUIRED****
() 798067 - ETG plus () 788971 - NITRITE
() 007237 - URINE ALCOHOL
*****NOTE: PLEASE USE MEDPRO STICKER SHIP TO RTP ONLY*****

I authorize the collection of this specimen for the purpose of a drug screen. I acknowledge that the specimen container(s) was/were sealed with tamper-proof seal(s) in my presence; and that the information provided on this form and on the label(s) affixed to the specimen container(s) is correct. I authorize the laboratory to release the results of the test to the company identified on this form or its designated agents.

(PRINT) DONOR'S NAME (FIRST, MI, LAST) SIGNATURE OF DONOR INITIAL MONTH DAY YEAR