SPE		)1			
STEP 1: COMPLETED BY COLLECTOR OR E			ACCESSION	NO.	
A. Employer Name, Address, I.D. No.	B.	MRO Name, Addre	ss, Phone No. and Fax	No.	OMB No. 0930-0158
					No. (
					0930
					0158
					1
C. Donor SSN or Employee I.D. No.					
D. Specify Testing Authority: HHS NF				FTA DHMSA USCG	
E. Reason for Test: Pre-employment Rando					
F. Drug Tests to be Performed: THC, CC		COnly Other	r (specify)		
G. Collection Site Address:					
		Co	llector Phone No.		
		Co	llector Fax No		
STEP 2: COMPLETED BY COLLECTOR (mak		tor reads specime	n temperature within		
Temperature between 90° and 100° F? Yes REMARKS	No, Enter Remark Collection: S	Split 🗌 Single	None Provided, Enter Re	nark Observed, Enter Remark	
					PRE
STEP 3: Collector affixes bottle seal(s) to bo	ttle(s). Collector dates seal(s). Dono	r initials seal(s). D	onor completes STEP	5 on Copy 2 (MRO Copy)	ESS
STEP 4: CHAIN OF CUSTODY - INITIATED BY I certify that the specimen given to me by the donor	COLLECTOR AND COMPLETED BY	TEST FACILITY	-	BOTTLE(S) RELEASED TO:	
collected, labeled, sealed and released to the Delivery				JOITEL(J) MELEASED TO.	AR
Х					HARD - YOU ARE
Sigr	nature of Collector	AM			l 0
(PRINT) Collector's Name (First, MI, Las		PM Time of Collection		ne of Delivery Service	- 2
RECEIVED AT LAB OR IITF:			Primary Specimen Bottle Seal Intact	SPECIMEN BOTTLE(S) RELEASED TO:	Ē
X Signa	ture of Accessioner				MAKING MUL
-		/	If NO, Enter remark		
		Date (Mo/Day/Yr)	in Step 5A.		_ S
(PRINT) Accessioner's Nam	OMDI ETEN BY TEST EACII ITY				_ C
STEP 5A: PRIMARY SPECIMEN REPORT - C		A) 6-Acetylm	orphine 🗌 Metham	ohetamine 🗌 MDMA	
STEP 5A: PRIMARY SPECIMEN REPORT - C	or: Marijuana Metabolite (Δ9-THC	🗌 Morp	hine 🗌 Amı	ohetamine 🗌 MDA	
STEP 5A: PRIMARY SPECIMEN REPORT - C NEGATIVE POSITIVE for DILUTE	or: ☐ Marijuana Metabolite (Δ9-THC ☐ Cocaine Metabolite (BZE) ☐ PCP	Morp	hine 🗌 Am Codeine	ohetamine MDMA ohetamine MDA MDEA	TIPLE
STEP 5A: PRIMARY SPECIMEN REPORT - C         NEGATIVE       POSITIVE for         DILUTE         REJECTED FOR TESTING       ADU	or: ☐ Marijuana Metabolite (Δ9-THC ☐ Cocaine Metabolite (BZE) ☐ PCP	Morp	hine 🗌 Am Codeine	ohetamine 🗌 MDA	TIPLE
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STEP 5A: PRIMARY SPECIMEN REPORT - C         NEGATIVE       POSITIVE for         DILUTE         REJECTED FOR TESTING       ADU         REMARKS:         Test Facility (if different from above) ;	or: Marijuana Metabolite (Δ9-THC Cocaine Metabolite (BZE) PCP JLTERATED SUBSTITUTED	☐ Morp ☐ 0 ☐ INVALID I	hine Am Codeine RESULT	ohetamine DA DA DEA	TIPLE COPIES
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Version C 14May2010

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Collector Plane No	FE	EDERAL DRUG T	ESTING CU	STODY AN	ID CON	FROL FORM	
			0000	204			
Employer Name, Address, I.D. No. B. MRD Name, Address, Phone No. and Fax No. Donor SSN or Employee I.D. No. Specify Testing Authority:   HHS   NRC   DOT - Specify DOT Agency:   FMCSA   FAA   FFA   FFA   PHMSA   USCG Reason for Test.   Pre-proyment   Random   Records & Sapcifor Case   Pet Acident   Petine to Duty   Norwa   Other tspecify  Diag Tests to be Performed:   THC, COC, PCP, OPI, AMP   THC & COC ON   Differ (specify) Diadetos STE Address. Collector Phone No. TEP 2: COMPLETED BY COLLECTOR (make remarks when appropriate) Collector reads specifymes termine temperature within 4 minutes. memory of the specify and 100 PT   Ns   Ns, Enter Remark   Calactor. Split   Stripe   Nore Pecification to Differ (Specify) TEP 3: Collector Phone No. TEP 3: Collector affines bottle seal(a) to bottle(a) Collector dates assa(b). Donor completes STEP 5 on Copy 2 (MRO Copy) TEP 3: Collector affines bottle seal(a) to bottle(a) Collector dates assa(b). Donor installa seal(b). Donor completes STEP 5 on Copy 2 (MRO Copy) TEP 3: Collector affines bottle seal(a) to bottle(a) Collector dates assa(b). Donor installa seal(b). Donor completes STEP 5 on Copy 2 (MRO Copy) Sectify DA the specified of the Delower Benefactor and the specified of the architector asset assatch with approaches bottle scales (				001			
Donor SSN or Employee ID. No.  Specify Testing Authority: HHS _ Beto:			ESENIATIVE	B. MRO Nar	ne. Addres		
Peaced not Test: Peaced provided Peaker Not	C. Donor SSN or Employee I.D. No						
Collector Plane No	E. Reason for Test: Pre-employment Rar	ndom 🗌 Reasonable Si	uspicion/Cause	Post Accident	Return to	Duty CFollow-up Cther	r (specify)
TEP 2: COMPLETED BY COLLECTOR (make remarks when appropriate) Collector reads specimen temperature within 4 minute.	G. Collection Site Address:				Coll	ector Phone No	
TEP 2: COMPLETED BY COLLECTOR (make remarks when appropriate) Collector reads specimen temperature within 4 minute.							
EEMARKS         TEP 3: Collector affives both easil(s). Collector dates seal(s). Donor initials seal(s). Donor completes STEP 5 on Copy 2 (IMRO Copy)         contry that the specimen gives to me by the donor Mendied in the conflication section on Copy 2 of this form was <ul> <li>Contry that the specimen gives to me by the donor Mendied in the conflication section on Copy 2 of this form was             <ul></ul></li></ul>	•				specimer	n temperature within 4 mi	nutes.
TEP 4: CHAIN OF CUSTOY - INITIATED BY COLLECTOR AND COMPLÉTED BY TEST FACILITY       State of the data indecident in the origination section of copy 2 of this form was allocked, labeled, sealed and released to the Delivery Service noted in accordance with applicable Federal requirements.       SPECIMEN BOTTLE(S) RELEASED TO:         Signature of Collector       AM         PRINT Collector's Name (First, ML Last)       Data (MaDayN'n)       Time of Collector         PRINT Collector's Name (First, ML Last)       Data (MaDayN'n)       Time of Collector         PRINT Collector's Name (First, ML Last)       Data (MaDayN'n)       Time of Collector         Pressence, and that the information provided on this form and on the label affixed to each specimen bottle used was sealed with a lamper-evident seal in any namery seak specimen bottle used was sealed with a lamper-evident seal in any namery seak specimen bottle is correct.         (************************************	Temperature between 90° and 100° F?  Yes REMARKS	No, Enter Remark	Collection:	Split	Single	None Provided, Enter Remark	Observed, Enter Remark
ollected, labeled, sealed and released to the Delivery Service noted in accordance with applicable Federal requirements.	TEP 4: CHAIN OF CUSTODY - INITIATED	BY COLLECTOR AN	ID COMPLETED	) BY TEST F/	ACILITY	-	
Signature of Collector       Aid         [PNINT] Collector's Name (First, ML, Last)	collected, labeled, sealed and released to the Delive	nor identified in the cert ery Service noted in acco	tification section or ordance with applic	n Copy 2 of this able Federal red	s form was quirements.	SPECIMEN BOTT	'LE(S) RELEASED TO:
IPRINTO Collector's Name (First, ML, Last)         Date (MoDay/r)         Time of Collection         Name of Delivery Service           Def 5: COMPLETED BY DONOR         Certify that I provided my urine 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 ny presence; and that the information provided on this form and on the label affixed to each specimen bottle used was sealed with a tamper-evident seal in ny presence; and that the information provided on this form and on the label affixed to each specimen bottle used was sealed with a tamper-evident seal in ny presence; and that the information provided on this form and on the label affixed to each specimen bottle used was sealed with a tamper-evident seal in ny presence; and that the information provided on this form and on the label affixed to each specimen bottle used was sealed with a tamper-evident seal in ny presence; and that the information provided on this form and on the label affixed to each specimen bottle used was sealed with a tamper-evident seal in ny presence; and that the information provided on this form and on the label affixed to each specimen bottle is correct.           Lipstic Case State S	Xs	ignature of Collector					
certify that   provided my urine 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 ny presence; and that the information provided on this form and on the label affixed to each specimen bottle is correct.	(PRINT) Collector's Name (First, MI, I	_ast)	/ / Date (Mo/Day/Yr)	Time of Co		Name of I	Delivery Service
	K			(PRINT) Do	onor's Name (F	First, MI, Last)	
n accordance with applicable Federal requirements, my verification is:    NEGATIVE POSITIVE for:   DILUTE   REFUSAL TO TEST because – check reason(s) below:   ADULTERATED (adulterant/reason):   SUBSTITUTED   OTHER:   REMARKS:   REMARKS:   Reconflame of Medical Review Officer   Reconflame of Medical Review Officer   (PRINT) Medical Review Officer's Name (First, MI, Last)   Date (Mo/Day/Yr)   TEP 7: COMPLETED BY MEDICAL REVIEW OFFICER - SPLIT SPECIMEN is:   n accordance with applicable Federal requirements, my verification for the split specimen (if tested) is:   Reconflame for:   Test CANCELLED   (	over-the-counter medications you may ha NECESSARY. If you choose to make a lis	the test results for t ve taken. Therefore t, do so either on a	he specimen id , you may want separate piece	lentified by th to make a lis of paper or	nis form, h st of those r on the ba	e/she may contact you to medications for your owr ack of your copy (Copy 5)	ask about prescriptions and records. THIS LIST IS NOT
DILUTE				1			
ADULTERATED (adulterant/reason):  SUBSTITUTED  OTHER:  SEMARKS:  Signature of Medical Review Officer  (PRINT) Medical Review Officer's Name (First, MI, Last) Date (Mo/Day/Yr)  TEP 7: COMPLETED BY MEDICAL REVIEW OFFICER - SPLIT SPECIMEN  accordance with applicable Federal requirements, my verification for the split specimen (if tested) is: RECONFIRMED for: FAILED TO RECONFIRM for:  REMARKS:							
REMARKS:	ADULTERATED (adulterant/reaso	on):					ANCELLED
TEP 7: COMPLETED BY MEDICAL REVIEW OFFICER - SPLIT SPECIMEN         In accordance with applicable Federal requirements, my verification for the split specimen (if tested) is:         Image: Speciment of the split speciment of the split speciment (if tested) is:         Image: Speciment of the split speciment (if tested) is:         Image: Speciment of the split speciment (if tested) is:         Image: Speciment of the split speciment (if tested) is:         Image: Speciment of the split speciment (if tested) is:         Image: Speciment of the split speciment (if tested) is:         Image: Speciment of the split speciment (if tested) is:         Image: Speciment of the split speciment (if tested) is:         Image: Speciment of the split speciment (if tested) is:         Image: Speciment of the split speciment (if tested) is:         Image: Speciment of the split speciment (if tested) is:         Image: Speciment of the split speciment (if tested) is:         Image: Speciment of the split speciment (if tested) is:         Image: Speciment of the split speciment (if tested) is:         Image: Speciment of the split speciment (if tested) is:         Image: Speciment of the split speciment (if tested) is:         Image: Speciment of the split speciment (if tested) is:         Image: Speciment of the split speciment (if tested) is:         Image: Speciment of the split speciment (if tested) is:         Image: Speciment of tested (if tested) is:							
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n accordance with applicable Federal requirements, my verification for the split specimen (if tested) is:   RECONFIRMED for:     FAILED TO RECONFIRM for:   REMARKS:	▲ Signature of Medical Review Of	fficer	(	PRINT) Medical I	Review Office	r's Name (First, MI, Last)	// Date (Mo/Day/Yr)
				nen (if tested)	is:		
	_ RECONFIRMED for:						ANCELLED
{	FAILED TO RECONFIRM for:						
	REMARKS:						
Signature of Medical Review Officer         (PRINT) Medical Review Officer's Name (First, MI, Last)         Date (Mo/Day/Yr)	A Signature of Medical Review Of	fficer	(	PRINT) Medical	Review Office	r's Name (First, MI, Last)	// Date (Mo/Day/Yr)

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SPECIMEN ID NO.       0000001         STEP 1: COMPLETED BY COLLECTOR OR EMPLOYER REPRESENTATIVE       ACCESSION NO.         A. Employer Name, Address, I.D. No.       B. MRO Name, Address, Phone No. and Fax No.	
TEP 1: COMPLETED BY COLLECTOR OR EMPLOYER REPRESENTATIVE ACCESSION NO.	
C. Donor SSN or Employee I.D. No	
D. Specify Testing Authority: HHS NRC DOT – Specify DOT Agency: FMCSA FAA FRA FRA FTA PHMSA USC E. Reason for Test: Pre-employment Random Reasonable Suspicion/Cause Post Accident Return to Duty Other (specify) F. Drug Tests to be Performed: THC, COC, PCP, OPI, AMP THC & COC Only Other (specify)	
G. Collection Site Address: Collector Phone No.	
Collector Fax No.	
TEP 2: COMPLETED BY COLLECTOR (make remarks when appropriate) Collector reads specimen temperature within 4 minutes.	
Temperature between 90° and 100° F? Yes No, Enter Remark Collection: Split Single None Provided, Enter Remark Observed, Enter Re REMARKS	emark
TEP 3: Collector affixes bottle seal(s) to bottle(s). Collector dates seal(s). Donor initials seal(s). Donor completes STEP 5 on Copy 2 (MRO Copy)	
STEP 4: CHAIN OF CUSTODY - INITIATED BY COLLECTOR AND COMPLETED BY TEST FACILITY         I certify that 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 Federal requirements.	
X	
Signature of Collector AM	
(PRINT) Collector's Name (First, MI, Last) Date (Mo/Day/Yr) Time of Collection Name of Delivery Service	
Signature of Donor         (PRINT) Donor's Name (First, MI, Last)         ///Date (Mo/Day/Yr)           Daytime Phone No. ()         Evening Phone No. ()         Date of Birth//Date of Birth//Da	
(Mo/Day/Yr) After the Medical Review Officer receives the test results for the specimen identified by this form, he/she may contact you to ask about prescriptions over-the-counter medications you may have taken. Therefore, you may want to make a list of those medications for your own records. THIS LIST IS NECESSARY. If you choose to make a list, do so either on a separate piece of paper or on the back of your copy (Copy 5). – DO NOT PROVIDE NFORMATION ON THE BACK OF ANY OTHER COPY OF THE FORM. TAKE COPY 5 WITH YOU.	NOT
TEP 6: COMPLETED BY MEDICAL REVIEW OFFICER - PRIMARY SPECIMEN	
n accordance with applicable Federal requirements, my verification is:	
□ NEGATIVE □ POSITIVE for:	
REFUSAL TO TEST because – check reason(s) below:	
ADULTERATED (adulterant/reason): SUBSTITUTED	
OTHER:	
Signature of Medical Review Officer         //           Date (Mo/Day/Yr)         Date (Mo/Day/Yr)	)
TEP 7: COMPLETED BY MEDICAL REVIEW OFFICER - SPLIT SPECIMEN	
RECONFIRMED for:	
FAILED TO RECONFIRM for:	
REMARKS:	
X         /           Signature of Medical Review Officer         (PRINT) Medical Review Officer's Name (First, MI, Last)         /           Date (Mo/Day/Yr)         Date (Mo/Day/Yr)	)
COPY 3 - COLLECTOR COPY	

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	FEDERAL DRUG	FESTING CUSTODY	AND CONTROI	LFORM	
		0000004			
	SPECIMEN ID NO.	0000001			
TEP 1: COMPLETED BY COLLECTO A. Employer Name, Address, I.D. No.	OR OR EMPLOYER REPR		Name Address Ph	ACCESSION NO. one No. and Fax No.	
		2			
C. Donor SSN or Employee I.D. No					
D. Specify Testing Authority: 🔲 HHS					🗌 PHMSA 🔲 USCG
E. Reason for Test: Pre-employment					specify)
G. Collection Site Address:			Collector	Phone No	
			Collector	Fax No	
TEP 2: COMPLETED BY COLLECTO		<u></u>			
Temperature between 90° and 100° F?	Yes 📋 No, Enter Remark	Collection: Split	Single None	Provided, Enter Remark	Observed, Enter Remark
TEP 3: Collector affixes bottle seal(				ompletes STEP 5 on	Copy 2 (MRO Copy)
TEP 4: CHAIN OF CUSTODY - INITIA certify that the specimen given to me by					E(S) RELEASED TO:
collected, labeled, sealed and released to the	Delivery Service noted in acc	ordance with applicable Federa	l requirements.	SPECIMEN BOTTE	L(S) MELEASED TO.
X					
<b>N</b>	Signature of Collector		AM		
		/ /	PM	Name of Da	livery Service
(PRINT) Collector's Name (Fi TEP 5: COMPLETED BY DONOR	rst, Mi, Last)	Date (Mo/Day/Yr) Time c	f Collection	Name of De	livery Service
my presence; and that the information pr X Signature of Dong	r	(PRIN	ī) Donor's Name (First, MI	, Last)	/ / Date (Mo/Day/Yr)
Daytime Phone No. ()	EV6	ening Phone No. ()		Date of Bi	rth/ / (Mo/Day/Yr)
After the Medical Review Officer rec over-the-counter medications you m NECESSARY. If you choose to mak NFORMATION ON THE BACK OF	ay have taken. Therefore e a list, do so either on a ANY OTHER COPY OF	, you may want to make a separate piece of pape THE FORM. TAKE COP	a list of those med r or on the back of	ications for your own	records. THIS LIST IS NOT
STEP 6: COMPLETED BY MEDICAL F In accordance with applicable Federal re					
DILUTE					
REFUSAL TO TEST because – che	ck reason(s) below:			TEST CAI	NCELLED
ADULTERATED (adulterant					
REMARKS:					
x					
			cal Review Officer's Nan	ne (First, MI, Last)	Date (Mo/Day/Yr)
TEP 7: COMPLETED BY MEDICAL F In accordance with applicable Federal re			ed) is:		
RECONFIRMED for:					NCELLED
FAILED TO RECONFIRM for: _					
REMARKS:					
X					1 1
Signature of Medical Re	view Officer	(PRINT) Medi	cal Review Officer's Nan	ne (First, MI, Last)	J Date (Mo/Day/Yr)
	(	COPY 4 - EMPLOYER (	COPY		

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## **BACK COPIES 1-4**

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## Public Burden Statement:

An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. The OMB control number for this project is 0930-0158. Public reporting burden for this collection of information is estimated to average: 5 minutes/donor; 4 minutes/collector; 3 minutes/test facility; and 3 minutes/Medical Review Officer. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to SAMHSA Reports Clearance Officer, 1 Choke Cherry Road, Room 7-1044, Rockville, Maryland, 20857.

	FEDERAL DRUG	FESTING CUSTODY A	ND CONTROI	LFORM	
		0000004			
	SPECIMEN ID NO.	0000001			
TEP 1: COMPLETED BY COLLECT( A. Employer Name, Address, I.D. No.	OR OR EMPLOYER REPR		ame Address Ph	ACCESSION NO.	
C. Donor SSN or Employee I.D. No					
D. Specify Testing Authority: 🔲 HHS		Specify DOT Agency:			🗌 PHMSA 🔄 USCG
Reason for Test: Pre-employment     Drug Tests to be Performed:     Ord     Collection Site Address:					specify)
			Collector	Phone No	
				Fax No	
TEP 2: COMPLETED BY COLLECTO		appropriate) Collector reac		perature within 4 minu Provided. Enter Remark	Ites.
REMARKS					
TEP 3: Collector affixes bottle seal	(a) to bottle(a). Collector (	dataa aaal(a). Danar initiak		omplotos STED 5 on (	
TEP 4: CHAIN OF CUSTODY - INITIA	ATED BY COLLECTOR AN	ND COMPLETED BY TEST	FACILITY		
certify that the specimen given to me by collected, labeled, sealed and released to the	the donor identified in the cert e Delivery Service noted in acco	tification section on Copy 2 of t ordance with applicable Federal I	his form was requirements.	SPECIMEN BOTTLE	E(S) RELEASED TO:
K					
•	Signature of Collector		AM		
(PRINT) Collector's Name (F	irst, MI, Last)	Date (Mo/Day/Yr) Time of 0	PM	Name of Del	ivery Service
ny presence; and that the information pr Signature of Dom Daytime Phone No. ()	or		Donor's Name (First, MI	, Last)	/ / Date (Mo/Day/Yr)
After the Medical Review Officer recover-the-counter medications you m NECESSARY. If you choose to mak NFORMATION ON THE BACK OF	ceives the test results for t nay have taken. Therefore re a list, do so either on a	the specimen identified by , you may want to make a separate piece of paper	this form, he/she list of those medi or on the back of	e may contact you to a ications for your own r	(Mo/Day/Yr) sk about prescriptions and records. THIS LIST IS NOT
TEP 6: COMPLETED BY MEDICAL					
REFUSAL TO TEST because – che	( )				NCELLED
ADULTERATED (adulteran	t/reason):				
REMARKS:					
Signature of Medical Re	aview Officer		I Review Officer's Nan	ne (First ML Last)	// Date (Mo/Day/Yr)
TEP 7: COMPLETED BY MEDICAL	<b>REVIEW OFFICER - SPLI</b>	<b>F SPECIMEN</b>		ie (First, Wi, Last)	
RECONFIRMED for:					NCELLED
FAILED TO RECONFIRM for:					
—					
REMARKS:					
X					1 1
Signature of Medical Re	eview Officer	(PRINT) Medica	I Review Officer's Nan	ne (First, MI, Last)	// Date (Mo/Day/Yr)
		COPY 5 - DONOR CO	рγ		

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#### **BACK COPY 5**

## Instructions for Completing the Federal Drug Testing Custody and Control Form

#### When making entries use black or blue ink pen and press firmly

Collector ensures that the name and address of the HHS-certified Instrumented Initial Test Facility (IITF) or HHS-certified laboratory are on the top of the CCF and that the Specimen I.D. number on the top of the CCF matches the Specimen I.D. number on the labels/seals.

## STEP 1:

- Collector ensures that the required information is in STEP 1. Collector enters a remark in STEP 2 if Donor refuses to provide his/ her SSN or Employee I.D. number.
- Collector gives collection container to Donor and instructs Donor to provide a specimen. Collector notes any unusual behavior or appearance of Donor in the remarks line in STEP 2. If Donor conduct at any time during the collection process clearly indicates an attempt to tamper with the specimen, Collector notes the conduct in the remarks line in STEP 2 and takes action as required.

#### STEP 2:

- Collector checks specimen temperature within 4 minutes after receiving the specimen from Donor, and marks the appropriate temperature box in STEP 2. If temperature is outside the acceptable range, Collector enters a remark in STEP 2 and takes action as required.
- Collector inspects the specimen and notes any unusual findings in the remarks line in STEP 2 and takes action as required. Any specimen with unusual physical characteristics (e.g. unusual color, presence of foreign objects or material, unusual odor) cannot be sent to an IITF and must be sent to an HHS-certified laboratory for testing as required.
- Collector determines the volume of specimen in the collection container. If the volume is acceptable, Collector proceeds with the collection. If the volume is less than required by the Federal Agency, Collector takes action as required, and enters remarks in STEP 2. If no specimen is collected by the end of the collection process, Collector checks the *None Provided* box, enters a remark in STEP 2, discards Copy 1 and distributes remaining copies as required.
- Collector checks the Split or Single specimen collection box. If the collection is observed, Collector checks the Observed box and enters a remark in STEP 2.

### STEP 3:

- Donor watches Collector pour the specimen from the collection container into the specimen bottle(s), place the cap(s) on the specimen bottle(s), and affix the label(s)/seal(s) on the specimen bottle(s).
- Collector dates the specimen bottle label(s)/seal(s) after placement on the specimen bottle(s).
- Donor initials the specimen bottle label(s)/seal(s) after placement on the specimen bottle(s).
- Collector turns to Copy 2 (Medical Review Officer Copy) and instructs Donor to read and complete the certification statement in STEP 5 (signature, printed name, date, phone numbers, and date of birth). If Donor refuses to sign the certification statement, Collector enters a remark in STEP 2 on Copy 1.

## STEP 4:

• Collector completes STEP 4 on Copy 1 (signature, printed name, date, time of collection, and name of delivery service), places the sealed specimen bottle(s) and Copy 1 of the CCF in a leak-proof plastic bag, seals the bag, prepares the specimen package for shipment, and distributes the remaining CCF copies as required.

# Privacy Act Statement: (For Federal Employees Only)

Submission of the information on the attached form is voluntary. However, incomplete submission of the information, refusal to provide a urine specimen, or substitution or adulteration of a specimen may result in delay or denial of your application for employment/appointment or may result in removal from the Federal service or other disciplinary action.

The authority for obtaining the urine specimen and identifying information contained herein is Executive Order 12564 ("Drug-Free Federal Workplace"), 5 U.S.C. Sec. 3301 (2), 5 U.S.C. Sec. 7301, and Section 503 of Public Law 100-71, 5 U.S.C. Sec. 7301 note. Under provisions of Executive Order 12564 and 5 U.S.C. 7301, test results may only be disclosed to agency officials on a need-to-know basis. This may include the agency Medical Review Officer (MRO), the administrator of the Employee Assistance Program, and a supervisor with authority to take adverse personnel action. This information may also be disclosed to a court where necessary to defend against a challenge to an adverse personnel action.

Submission of your SSN is not required by law and is voluntary. Your refusal to furnish your number will not result in the denial of any right, benefit, or privilege provided by law. Your SSN is solicited, pursuant to Executive Order 9397, for purposes of associating information in agency files relating to you and for purposes of identifying the specimen provided for testing. If you refuse to indicate your SSN, a substitute number or other identifier will be assigned, as required, to process the specimen.

## Public Burden Statement:

An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. The OMB control number for this project is 0930-0158. Public reporting burden for this collection of information is estimated to average: 5 minutes/donor; 4 minutes/collector; 3 minutes/test facility; and 3 minutes/Medical Review Officer. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to SAMHSA Reports Clearance Officer, 1 Choke Cherry Road, Room 7-1044, Rockville, Maryland, 20857.