

Building and Construction Trades Custody and Control Form For Drug and Alcohol Testing

Alere Toxicology Services, Inc.
1111 Newton St., Gretna, LA 70053
(504)361-8989 or (800) 433-3823

Specimen ID Number

Employer Name, Address, Phone Number, & Fax Number	MRO Services provided by:
Facility Number	Project Name
	International Union Code
	Local Number

Donor Social Security No. (FULL SSN REQUIRED)
 - -

Donor Name (Last Name, First Name, Middle) (print in all CAPITAL letters, placing one letter per box)
, ,

Donor Phone Number () - **Donor Date of Birth** (enter as MM/DD/YYYY)
 / /

Reason for Test (Check One) **By MRO Request Only**

Pre-Employment Random Post Accident Reasonable Cause Annual Follow-up Return to Duty

Specimen Temperature (Check One) Yes, 90* to 100°F / 32* to 38°C No, enter Remark below. **Observed Collection** **Split Collection**

Collection Site Name, Address, Phone, & Fax	Collection Site Number
	Date of Collection
	On-site Alcohol Test Result

Negative Positive
 Swab EBT

Collection Remarks

COLLECTOR CERTIFICATION STATEMENT: <i>I certify that the specimen identified on this form is the specimen presented to me by the donor, that it bears the same specimen identification number as that set forth above, that it has been collected, labeled, and sealed and released to the Delivery Service in accordance with applicable requirements.</i>	DONOR CERTIFICATION STATEMENT: <i>I certify that I provided my urine specimen to the collector, that I have not altered or substituted it in any manner, that each specimen bottle used was sealed with a tamper-evident seal in my presence, and that the information provided on this form and the label affixed to each specimen bottle is correct.</i>
Collector's Signature _____ Date _____	Donor's Signature _____ Date _____

Test Type <i>If no instant drug test was performed, please indicate that below. If using an instant test device, indicate the result of the test. If the result is non-negative, indicate the panel on the right.</i> <input type="checkbox"/> No Instant Drug Test (collected for lab testing) <input type="checkbox"/> Instant Drug Test - Negative <input type="checkbox"/> Alcohol Test ONLY <input type="checkbox"/> Instant Drug Test - Non-Negative <input type="checkbox"/> Refusal To Test <i>indicate panel on the right:</i>	<input type="checkbox"/> Run Full Panel <input type="checkbox"/> Confirm for: _____
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TO BE COMPLETED BY LAB		
Specimen Received By	Date Received	Seal Intact? <input type="checkbox"/> Yes <input type="checkbox"/> No
Comments	Specimen bottle released to: TEMPORARY STORAGE	

SCREEN	CONFIRMATION	LAB NUMBER
DRUG _____	_____	
DRUG _____	_____	
DRUG _____	_____	
Certified by: _____		