



CHAIN OF CUSTODY FORM

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Employer:
Phone #:
Fax #:

1	DATE OF COLLECTION ____/____/____	TIME OF COLLECTION am/pm	DONOR PHONE NUMBER	
	DONOR LAST NAME	FIRST MI	DOB ____/____/____	GENDER M F
	IDENTIFICATION NUMBER: (D.L. / SSN#/ID)		SPECIMEN ID#:	

REASON FOR TEST

2 NEW HIRE RANDOM POST ACCIDENT REASONABLE SUSPICION OTHER _____

TEST(S) ORDERED On-Site Collection During Business Hrs After Hrs Collection

3	Testing	ORAL FLUIDS	Urine
	<input type="checkbox"/> Hair&Urine5Panel+Alc	<input type="checkbox"/> 10 PANEL+Alc	<input type="checkbox"/> Urine10panel+Alc.

TO BE COMPLETED BY COLLECTOR

TEMPERATURE RANGE - URINE

4 Specimen temperature must be read within 4 minutes of collection. Single Split Observed

Specimen Temperature within range: (90 - 100 F/32 - 38 C) YES NO

I certify that the specimen identified on this form is the specimen presented to me by the donor on this form and that it was collected, labeled and sealed in accordance with applicable requirements.

Printed Name: _____ Date: ____/____/____ Time: _____

Signature: _____ Collection Site: _____

Remarks: _____

DONOR/EMPLOYEE/APPLICANT CERTIFICATION (Certificación del Empleado/Solicitante)

5 I hereby acknowledge that the Urine, or Saliva or Blood specimens accompanying this form are my own. Further, I attest that the specimens were sealed in my presence and initialed by me prior to forwarding for analysis.

(Por este medio, certifico que éste muestra de orina/sangre/saliva que acompaña éste documento es mio. Ademas doy fe de que la/las muestra/s fue sellado en mi presencia y que yo la firmé con mis iniciales antes de ser enviado para analizar.)

I certify that I have read or had the contents of this form explained to me, and that I have answered all sections to the best of my knowledge.

(Certifico que yo he leído o alguien me ha explicado el contenido de esta forma y que yo he contestado todas las secciones de acuerdo a mi conocimiento.)

Have you taken any medications within the last 30 days? YES NO

(OPTIONAL) If yes, please list medications:

Printed Name: _____ Date: ____/____/____ Time: _____

Signature (Firma): _____

6 Specimen/s released to: UPS FedEx Local Courier Local Lab Other _____

LAB USE ONLY

I certify that the specimen identified on this form is properly sealed & identified and that I will handle it according to applicable handling requirements for testing and storage.

Received By: _____ Date: ____/____/____ Time: _____

Date Sent: _____ **Time:** _____ **Time frame:** 2hrs: _____ 4hrs: _____ 12hrs: _____ 24hrs: _____ Other: _____

WHITE - LABORATORY, YELLOW - DONOR