

8529069

# Custody Control Form

Lab ID: ALERE

eScreen

80650365

Lab Panel ID: 1200



PO Box 25902

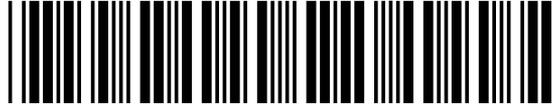
Lab Acct #: C10271241

Overland Park, KS 66225-5902

Panels: 5 PANEL STANDARD (1200)

(800) 881-0722

Lab Address:



450 Southlake Blvd  
Richmond, VA 23200

Lab Acct #: C10271241

eScreen

Company Account: 102712-41

STEP 1.

**CMG - St. Paul Park**

404 Broadway Ave., St. Paul Park MN 55071

651-666-3883

Shelby Glasby

**Medical Review Officer**

Dr. Stephen Kracht

Dr. Stephen Kracht

8140 Ward Parkway

Kansas City MO 64114

**Step 2. TO BE COMPLETED BY COLLECTOR**

Specimen temperature for urine specimens must be read within 4 minutes of collection.

Specimen temperature within range: Yes

Verified Donor ID

**Step 3. TO BE COMPLETED BY COLLECTOR AND DONOR**

Collector affixes bottle seal on specimen.

Type:

Urine  Oral  Blood  Hair  Breath  Split Specimen

**STEP 4. Reason For Test:**

Pre-employment  Return To Duty  Promotion  Periodic Medical  Random  Diversion  
 Post Accident  Follow Up  Transfer  Reasonable suspicion/cause  Other \_\_\_\_\_

**Step 5. TO BE VERIFIED BY DONOR**

000-00-5222

Donor SSN

2/21/1967

Date of Birth

6514251618

Daytime Phone Number

Not Provided

Evening Phone Number

Other ID

*I certify that I provided my specimen to the collector, that I have not adulterated it in any manner, that the specimen bottle used was sealed with a tamper-evident seal in my presence, and that the information provided on this form and on the label affixed to the specimen bottle is correct. I hereby authorize the collector and testing service or laboratory (specifically including, but not limited to, eScreen, Inc.) to release the results of the test to the Company/Employer or their Designee.*

Rolando Banos

Donor's Name

1/24/2019 02:20 PM

Date & Time

Signature of Donor

**Step 6. TO BE VERIFIED BY COLLECTOR**

Name of Collection Site, Address, City, ST, Zip

Trust In Us

393 DUNLAP ST N STE 120CENTRAL MEDICAL MIDWAY BLDG

SAINT PAUL MN 55104

*I certify that the specimen identified on this form is the specimen presented to me by the donor providing the certification on Step 5 of this custody control form, that it bears the same specimen identification number as that set forth above, and that it has been collected, labeled and sealed as in accordance with applicable requirements.*

Collection Site ID

15168

Mai Cheng

Collector's Name

1/24/2019 02:20 PM

Date & Time

Signature of Collector

Remarks:

**Step 7. RECEIVED AT LAB**

Shipper:

X

Signature of Accessioner

PRINT Accessioner Name (First MI Last)

Primary Specimen Seal Intact?

Yes  No

Specimen(s) Released To:

TEMPORARY STORAGE

Date (Mo/Dy/Yr)

Remarks:

**LAB NUMBER**