

Collection Date: ____/____/____ Collector Name: _____

Client Name: _____

Job Number: _____ Job Location: _____

Collection Site: _____

Type of Test DRUG TEST: (PE) Pre-Employment, (R) Random, (PA) Post Accident, (FC) For Cause, (FU) Follow-up, (RTD) Return to Duty, (O) Other
 ALCOHOL TEST: (EBT) Evidential Breath Test, (SAL) Saliva

Donor Name Social Security Number	Collection ID Number (Affix Sticker Here)	Driver (CDL)		Type of Test	Result of Test	Initial
		Yes	No			
1				Drug	Drug	MRO
				Alcohol	Alcohol	BAT
2				Drug	Drug	MRO
				Alcohol	Alcohol	BAT
3				Drug	Drug	MRO
				Alcohol	Alcohol	BAT
4				Drug	Drug	MRO
				Alcohol	Alcohol	BAT
5				Drug	Drug	MRO
				Alcohol	Alcohol	BAT

DRUG TEST:

- (A) Record Fed Ex airbill number _____
- (B) Fax this form along with Chain of Custody forms to C.H.A.S.E. **FAX (615) 446-7887** or **PHONE (800) 831-8378.**
- (C) Mail MRO and Employer copies of Custody and Control Form to C.H.A.S.E.

ALCOHOL TEST:

- (A) Indicate result and BAT initials in appropriate space above.
- (B) Fax copy of completed BAT form to C.H.A.S.E.
- (C) Mail original completed BAT form to C.H.A.S.E.