



Y33849002

LAB USE ONLY

OMB No. 0930-0158

PRESS HARD - YOU ARE MAKING MULTIPLE COPIES

Form A13 (7/13) Mfg. 8/13

STEP 1: COMPLETED BY COLLECTOR OR EMPLOYER REPRESENTATIVE

SPECIMEN ID NO.

ACCESSION NO.

A. Employer Name, Address, I.D. No.

B. MRO Name, Address, Phone No. and Fax No.

SKYLINE TRANSPORTATION INC

JOHN McELLIGOTT, MD

ATTN: DAVID KETTERMAN

1107 CHARLES G SEIVERS BLVD

131 W GUINCY AVE

80086730

CLINTON, TN 37716

KNOXVILLE, TN 37917

P: 865-524-3661 F: 865-524-4375

PH 865-463-2543 FX 865-269-4948

C. Donor SSN or Employee I.D. No.

1234

D. Specify Testing Authority: ☐ HHS ☐ NRC ☒ DOT - Specify DOT Agency:

☒ FMCSA ☐ FAA ☐ FRA ☐ FTA ☐ PHMSA ☐ USCG

E. Reason for Test: ☐ Pre-employment ☐ Random ☒ Reasonable Suspicion/Cause ☒ Post Accident ☐ Return to Duty ☐ Follow-up ☐ Other (specify)

F. Drug Tests to be Performed:

☒ THC, COC, PCP, OPI, AMP ☐ THC & COC Only ☐ Other (specify)

G. Collection Site Address:

**ABC CLINTON
123 MAIN ST
KNOXVILLE, TN 37902**

Collector
Phone No.

8005555555

Collector
Fax No.

8005555556

STEP 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 Remark

REMARKS
1 of 2 Temp out of Range Refer to Spec ID 33849157 57006

STEP 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 **Ken Collector**
Signature of Collector

Time of
Collection

100

☐ AM
☒ PM

SPECIMEN BOTTLE(S) RELEASED TO:

Name of Delivery Service Transferring Specimen to Lab

☒ FedEX

☐ Local Courier

☐ Other

Ken Collector
(PRINT) Collector's Name (First, MI, Last)

Date
(Mo./Day/Yr.)

6/1/16

RECEIVED AT LAB OR IITF:

X
Signature of Accessioner

(PRINT) Accessioner's Name (First, MI, Last)

Date (Mo./Day/Yr.)

**Primary Specimen
Bottle Seal Intact**

☐ YES ☐ NO

If NO, Enter remark
in Step 5A.

SPECIMEN BOTTLE(S) RELEASED TO:

STEP 5A: PRIMARY SPECIMEN REPORT - COMPLETED BY TEST FACILITY

☐ NEGATIVE ☐ DILUTE ☐ POSITIVE for: ☐ Marijuana Metabolite (Δ9-THCA) ☐ 6-Acetylmorphine ☐ Methamphetamine ☐ MDMA ☐ MDA ☐ MDEA
☐ Cocaine Metabolite (BZE) ☐ Morphine ☐ Amphetamine
☐ PCP ☐ Codeine
☐ REJECTED FOR TESTING ☐ ADULTERATED ☐ SUBSTITUTED ☐ INVALID RESULT

REMARKS:

Test Facility (if different from above):

I certify that the specimen identified on this form was examined upon receipt, handled using chain of custody procedures, analyzed, and reported in accordance with applicable Federal requirements.

X
Signature of Certifying Technician / Scientist

(PRINT) Certifying Technician / Scientist's Name (First, MI, Last)

Date (Mo./Day/Yr.)

STEP 5b: COMPLETED BY SPLIT TESTING LABORATORY

Laboratory Name
Laboratory Address
☐ RECONFIRMED ☐ FAILED TO RECONFIRM - REASON
I certify that the split specimen identified on this form was examined upon receipt, handled using chain of custody procedures, analyzed and reported in accordance with applicable Federal requirements.
X
Signature of Certifying Scientist (PRINT) Certifying Scientist's Name (First, MI, Last) Date (Mo./Day/Yr.)



402 W County Rd D
St. Paul, MN 55112

FEDERAL DRUG TESTING CUSTODY AND CONTROL FORM



Y33849157

U.S. GPO: 2004-0-120

STEP 1: COMPLETED BY COLLECTOR OR EMPLOYER REPRESENTATIVE

SPECIMEN ID NO.

ACCESSION NO.

A. Employer Name, Address, I.D. No.

B. MRO Name, Address, Phone No. and Fax No.

SINE TRANSPORTATION INC

A. L. DAVID KETTERMAN

131 W QUINCY AVE

KNOXVILLE, TN 37917

P: 865-524-3661 F: 865-524-4375

80086730

JOHN McELIGOTT, MD

1107 CHARLES O SEIVERS BLVD

CLINTON, TN 37716

PH 865-463-2543 FX 865-269-4948

C. Donor SSN or Employee I.D. No.

D. Specify Testing Authority: ☐ HHS ☐ NRC ☒ DOT - Specify DOT Agency: ☒ EMCSA ☐ FAA ☐ FRA ☐ FTA ☐ PHMSA ☐ USCG

E. Reason for Test: ☐ Pre-employment ☐ Random ☐ Reasonable Suspicion/Cause ☒ Post Accident ☐ Return to Duty ☐ Follow-up ☐ 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.

8005555555

Collector
Fax No.

8005555556

STEP 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 Remark

REMARKS: 2 of 2 Refers to Y33849002 Observed by Jane Smith 1/15/06

STEP 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]
Signature of Collector
KEW COLLECTOR
(PRINT) Collector's Name (First, MI, Last)

Time of
Collection
Date
(Mo./Day/Yr.)

1:10 PM
6/1/16

SPECIMEN BOTTLE(S) RELEASED TO:

Name of Delivery Service Transferring Specimen to Lab

☒ FedEX ☐ Local Courier
☐ Other

RECEIVED AT LAB OR IITF:

X [Signature]
Signature of Accessioner

(PRINT) Accessioner's Name (First, MI, Last)

Date (Mo./Day/Yr.)

Primary Specimen
Bottle Seal Intact

YES ☐ NO ☐

If NO, Enter remark
in Step 5A.

SPECIMEN BOTTLE(S) RELEASED TO:

STEP 5A: PRIMARY SPECIMEN REPORT - COMPLETED BY TEST FACILITY

☒ NEGATIVE ☐ DILUTE ☐ POSITIVE for: ☐ Marijuana Metabolite (Δ^9 -THCA) ☐ 6-Acetylmorphine ☐ Methamphetamine ☐ MDMA ☐ MDA ☐ MDEA
☐ Cocaine Metabolite (BZE) ☐ Morphine ☐ Amphetamine
☐ PCP ☐ Codeine
☐ REJECTED FOR TESTING ☐ ADULTERATED ☐ SUBSTITUTED ☐ INVALID RESULT

REMARKS:

Test Facility (if different from above):
I certify that the specimen identified on this form was examined upon receipt, handled using chain of custody procedures, analyzed, and reported in accordance with applicable Federal requirements.

X [Signature] (PRINT) Certifying Technician / Scientist's Name (First, MI, Last) Date (Mo./Day/Yr.)

STEP 5b: COMPLETED BY SPLIT TESTING LABORATORY

Laboratory Name
Laboratory Address
☐ RECONFIRMED ☐ FAILED TO RECONFIRM - REASON
I certify that the split specimen identified on this form was examined upon receipt, handled using chain of custody procedures, analyzed and reported in accordance with applicable Federal requirements.
X [Signature] (PRINT) Certifying Scientist's Name (First, MI, Last) Date (Mo./Day/Yr.)

Y33849157

LAB USE ONLY

STEP 1: COMPLETED BY COLLECTOR OR EMPLOYER REPRESENTATIVE

SPECIMEN ID NO.

ACCESSION NO.

A. Employer Name, Address, I.D. No.

SKYLINE TRANSPORTATION INC
ATTN: DAVID KETTERMAN
131 W QUINCY AVE
KNOXVILLE, TN 37917
P: 865-524-3661 F: 865-524-4375

80086730

B. MRO Name, Address, Phone No. and Fax No.

JOHN McELIGOTT, MD
1107 CHARLES O SEIVERS BLVD
CLINTON, TN 37716

PH 865-463-2543 FX 865-269-4948

C. Donor SSN or Employee I.D. No. 1234

D. Specify Testing Authority: ☐ HHS ☐ NRC ☒ DOT - Specify DOT Agency: ☒ EMCSA ☐ FAA ☐ FRA ☐ FTA ☐ PHMSA ☐ USCG

E. Reason for Test: ☐ Pre-employment ☐ Random ☐ Reasonable Suspicion/Cause ☒ Post Accident ☐ Return to Duty ☐ Follow-up ☐ Other (specify) _____

F. Drug Tests to be Performed: ☒ THC, COC, PCP, OPI, AMP ☐ THC & COC Only ☐ Other (specify) _____

G. Collection Site Address:

ABC CLINIC
123 MAIN ST
KNOXVILLE, TN 37902

Collector
Phone No.

8005555555

Collector
Fax No.

8005555556

STEP 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 Remark _____

REMARKS: 2 of 2 Refer to Y33849156 Observed by Jane Smith 57006

STEP 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.

☒ Signature of Collector

Time of
Collection

110

☐ AM
☒ PM

Date
(Mo./Day/Yr.)

6/1/16

SPECIMEN BOTTLE(S) RELEASED TO:

Name of Delivery Service Transferring Specimen to Lab

☒ FedEx

☐ Local Courier

☐ Other

RECEIVED AT LAB OR IITF:

☒ Signature of Accessioner

(PRINT) Accessioner's Name (First, MI, Last)

Date (Mo./Day/Yr.)

Primary Specimen
Bottle Seal Intact

☐ YES ☐ NO

If NO, Enter remark
in Step 5A.

SPECIMEN BOTTLE(S) RELEASED TO:

STEP 5A: PRIMARY SPECIMEN REPORT - COMPLETED BY TEST FACILITY

☐ NEGATIVE ☐ POSITIVE for: ☐ Marijuana Metabolite (Δ9-THCA) ☐ 6-Acetylmorphine ☐ Methamphetamine ☐ MDMA
☐ DILUTE ☐ Cocaine Metabolite (BZE) ☐ Morphine ☐ Amphetamine ☐ MDA
☐ PCP ☐ Codeine ☐ MDEA
☐ REJECTED FOR TESTING ☐ ADULTERATED ☐ SUBSTITUTED ☐ INVALID RESULT

REMARKS:

Test Facility (if different from above):

I certify that the specimen identified on this form was examined upon receipt, handled using chain of custody procedures, analyzed, and reported in accordance with applicable Federal requirements.

☒ Signature of Certifying Technician / Scientist

(PRINT) Certifying Technician / Scientist's Name (First, MI, Last)

Date (Mo./Day/Yr.)

STEP 5b: COMPLETED BY SPLIT TESTING LABORATORY

☐ RECONFIRMED ☐ FAILED TO RECONFIRM - REASON _____
I certify that the split specimen identified on this form was examined upon receipt, handled using chain of custody procedures, analyzed and reported in accordance with applicable Federal requirements.
☒ Signature of Certifying Scientist (PRINT) Certifying Scientist's Name (First, MI, Last) Date (Mo./Day/Yr.)



Y23400066

STEP 1: COMPLETED BY COLLECTOR OR EMPLOYER REPRESENTATIVE

ACCESSION NO.

A. Employer Name, Address, I.D. No.

ABC TRUCKING
ATTN: CAROL COMER
984 WALNUT STREET
KNOWVILLE, TN 37919
P: 865-555-3344 F: 865-555-3355



162601

B. MRO Name, Address, Phone No. and Fax No.

DANIEL DREW MD
NATIONWIDE MEDICAL REVIEW
7168 GRAHAM RD SUITE 150
INDIANAPOLIS, IN 46250
PH 317-547-8620 FX 317-568-0049
162601

C. Donor SSN or Employee I.D. No.

1234567890

D. Specify Testing Authority: ☐ HHS ☐ NRC ☒ DOT - Specify DOT Agency: ☒ FMCSA ☐ FAA ☐ FRA ☐ FTA ☐ PHMSA ☐ USCG

E. Reason for Test: ☐ Pre-employment ☒ Random ☐ Reasonable Suspicion/Cause ☐ Post Accident ☐ Return to Duty ☐ Follow-up ☐ Other (specify) _____

F. Drug Tests to be Performed: ☒ THC, COC, PCP, OPI, AMP ☐ THC & COC Only ☐ Other (specify) _____

G. Collection Site Address:

123 Main Street
Knoxville, TN 37919

Collector
Phone No.

8655254900

Collector
Fax No.

8655254935

STEP 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 Remark _____

REMARKS

1:00 PM QNS. 2:10 PM QNS. 3:05 PM QNS. 3:55 PM QNS. Drank 40 oz. 57006 fluids

STEP 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.

Connie Collector
Signature of Collector

CONNIE B. COLLECTOR

(PRINT) Collector's Name (First, MI, Last)

Time of
Collection

AM
PM

Date
(Mo./Day/Yr.)

10222011

SPECIMEN BOTTLE(S) RELEASED TO:

Name of Delivery Service Transferring Specimen to Lab

☐ UPS

☐ Local Courier

☐ Other

RECEIVED AT LAB OR IITF:

X

Signature of Accessioner

(PRINT) Accessioner's Name (First, MI, Last)

Date (Mo./Day/Yr.)

Primary Specimen
Bottle Seal Intact

☐ YES ☐ NO

If NO, Enter remark
in Step 5A.

SPECIMEN BOTTLE(S) RELEASED TO:

STEP 5A: PRIMARY SPECIMEN REPORT - COMPLETED BY TEST FACILITY

☐ NEGATIVE ☐ POSITIVE for: ☐ Marijuana Metabolite (Δ9-THCA) ☐ 6-Acetylmorphine ☐ Methamphetamine ☐ MDMA
☐ DILUTE ☐ Cocaine Metabolite (BZE) ☐ Morphine ☐ Amphetamine ☐ MDA
☐ REJECTED FOR TESTING ☐ ADULTERATED ☐ PCP ☐ Codeine ☐ MDEA
☐ SUBSTITUTED ☐ INVALID RESULT

REMARKS:

Test Facility (if different from above):

I certify that the specimen identified on this form was examined upon receipt, handled using chain of custody procedures, analyzed, and reported in accordance with applicable Federal requirements.

X
Signature of Certifying Technician / Scientist

(PRINT) Certifying Technician / Scientist's Name (First, MI, Last)

Date (Mo./Day/Yr.)

STEP 5b: COMPLETED BY SPLIT TESTING LABORATORY

Laboratory Name

Laboratory Address

☐ RECONFIRMED ☐ FAILED TO RECONFIRM - REASON _____

I certify that the split specimen identified on this form was examined upon receipt, handled using chain of custody procedures, analyzed and reported in accordance with applicable Federal requirements.

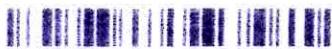
X

Signature of Certifying Scientist

(PRINT) Certifying Scientist's Name (First, MI, Last)

Date (Mo./Day/Yr.)

Example of documentation for
"Shy Bladder" situation in which
no specimen is received and
no specimen is sent to the lab.



Y33349975

LAB USE ONLY

STEP 1: COMPLETED BY COLLECTOR OR EMPLOYER REPRESENTATIVE

SPECIMEN ID NO.

ACCESSION NO.

A. Employer Name, Address, I.D. No.

SKYLINE TRANSPORTATION INC
ATTN: DAVID KETTERMAN
131 W QUINCY AVE
KNOXVILLE, TN 37917
P: 865-524-3661 F: 865-524-4375

80086730

B. MRO Name, Address, Phone No. and Fax No.

JOHN McELIGOTT, MD
1107 CHARLES G SEIVERS BLVD
CLINTON, TN 37716

PH 865-463-2543 FX 865-269-4948

C. Donor SSN or Employee I.D. No.

D. Specify Testing Authority: ☐ HHS ☐ NRC ☒ DOT - Specify DOT Agency: ☐ FMCSA ☐ FAA ☒ FRA ☐ FTA ☐ PHMSA ☐ USCG

E. Reason for Test: ☐ Pre-employment ☐ Random ☒ Reasonable Suspicion/Cause ☐ Post Accident ☐ Return to Duty ☐ Follow-up ☐ Other (specify) _____

F. Drug Tests to be Performed: ☒ THC, COC, PCP, OPI, AMP ☐ THC & COC Only ☐ Other (specify) _____

G. Collection Site Address:

AlcoPro
123 MAIN ST
KNOXVILLE, TN 37902

Collector
Phone No.

8655555555

Collector
Fax No.

8655555551

STEP 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 Remark _____

REMARKS

57006

STEP 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.

☒ Signature of Collector

Time of
Collection

0100

☐ AM
☒ PM

SPECIMEN BOTTLE(S) RELEASED TO:

Name of Delivery Service Transferring Specimen to Lab

☒ FedEx

☐ Local Courier

☐ Other

Signature of Collector
KATHY HATCHERSON

Date
(Mo./Day/Yr.)

01142016

RECEIVED AT LAB OR IITF:

☒

Signature of Accessioner

(PRINT) Accessioner's Name (First, MI, Last)

Date (Mo./Day/Yr.)

**Primary Specimen
Bottle Seal Intact**

☐ YES ☐ NO

If NO, Enter remark
in Step 5A.

SPECIMEN BOTTLE(S) RELEASED TO:

STEP 5A: PRIMARY SPECIMEN REPORT - COMPLETED BY TEST FACILITY

☐ NEGATIVE ☐ DILUTE ☐ POSITIVE for: ☐ Marijuana Metabolite (Δ9-THCA) ☐ 6-Acetylmorphine ☐ Methamphetamine ☐ MDMA
☐ Cocaine Metabolite (BZE) ☐ Morphine ☐ Amphetamine ☐ MDA
☐ PCP ☐ Codeine ☐ MDEA
☐ REJECTED FOR TESTING ☐ ADULTERATED ☐ SUBSTITUTED ☐ INVALID RESULT

REMARKS:

Test Facility (if different from above):

I certify that the specimen identified on this form was examined upon receipt, handled using chain of custody procedures, analyzed, and reported in accordance with applicable Federal requirements.

☒ Signature of Certifying Technician / Scientist

(PRINT) Certifying Technician / Scientist's Name (First, MI, Last)

Date (Mo./Day/Yr.)

STEP 5b: COMPLETED BY SPLIT TESTING LABORATORY

Laboratory Name

Laboratory Address

☐ RECONFIRMED ☐ FAILED TO RECONFIRM - REASON _____

I certify that the split specimen identified on this form was examined upon receipt, handled using chain of custody procedures, analyzed and reported in accordance with applicable Federal requirements.

☒

Signature of Certifying Scientist

(PRINT) Certifying Scientist's Name (First, MI, Last)

Date (Mo./Day/Yr.)



Y33349974

LAB USE ONLY

STEP 1: COMPLETED BY COLLECTOR OR EMPLOYER REPRESENTATIVE

SPECIMEN ID NO.

ACCESSION NO.

A. Employer Name, Address, I.D. No.

B. MRO Name, Address, Phone No. and Fax No.

SKYLINE TRANSPORTATION INC
ATTN: DAVID KETTERMAN
131 W QUINCY AVE
KNOXVILLE, TN 37917
P: 865-524-3661 F: 865-524-4375

80086730

JOHN McELIGOTT, MD
1107 CHARLES G SEIVERS BLVD
CLINTON, TN 37716

PH 865-463-2543 FX 865-269-4948

C. Donor SSN or Employee I.D. No.

1212

D. Specify Testing Authority: ☐ HHS ☐ NRC ☒ DOT - Specify DOT Agency: ☒ FMCSA ☐ FAA ☐ FRA ☐ FTA ☐ PHMSA ☐ USCG

E. Reason for Test: ☐ Pre-employment ☐ Random ☐ Reasonable Suspicion/Cause ☐ Post Accident ☐ Return to Duty ☐ Follow-up ☒ Other (specify) RE-CEP

F. Drug Tests to be Performed: ☒ THC, COC, PCP, OPI, AMP ☐ THC & COC Only ☐ Other (specify) _____

G. Collection Site Address:

Collector Phone No. 865 555 5555

Collector Fax No. 865 555 5555

Alco Pro
123 MAIN ST
KNOXVILLE, TN 37902

STEP 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 Remark _____

REMARKS

57006

STEP 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 Ken Hutchinson
Signature of Collector

Time of Collection 0100 ☐ AM ☒ PM

SPECIMEN BOTTLE(S) RELEASED TO:

Name of Delivery Service Transferring Specimen to Lab

☐ FedEx ☐ Local Courier
☐ Other _____

KEN HUTCHINSON
(PRINT) Collector's Name (First, MI, Last)

Date (Mo./Day/Yr.) 01142016

RECEIVED AT LAB OR IITF:

X _____
Signature of Accessioner

(PRINT) Accessioner's Name (First, MI, Last)

Date (Mo./Day/Yr.)

Primary Specimen Bottle Seal Intact

☐ YES ☐ NO

If NO, Enter remark in Step 5A.

SPECIMEN BOTTLE(S) RELEASED TO:

STEP 5A: PRIMARY SPECIMEN REPORT - COMPLETED BY TEST FACILITY

☐ NEGATIVE ☐ DILUTE ☐ POSITIVE for: ☐ Marijuana Metabolite (Δ 9-THCA) ☐ 6-Acetyl/morphine ☐ Methamphetamine ☐ MDMA
☐ Cocaine Metabolite (BZE) ☐ Morphine ☐ Amphetamine ☐ MDA
☐ PCP ☐ Codeine ☐ MDEA
☐ REJECTED FOR TESTING ☐ ADULTERATED ☐ SUBSTITUTED ☐ INVALID RESULT

REMARKS:

Test Facility (if different from above):

I certify that the specimen identified on this form was examined upon receipt, handled using chain of custody procedures, analyzed, and reported in accordance with applicable Federal requirements.

X _____
Signature of Certifying Technician / Scientist

(PRINT) Certifying Technician / Scientist's Name (First, MI, Last)

Date (Mo./Day/Yr.)

STEP 5b: COMPLETED BY SPLIT TESTING LABORATORY

Laboratory Name

Laboratory Address

☐ RECONFIRMED ☐ FAILED TO RECONFIRM - REASON _____

I certify that the split specimen identified on this form was examined upon receipt, handled using chain of custody procedures, analyzed and reported in accordance with applicable Federal requirements.

X _____
Signature of Certifying Scientist

(PRINT) Certifying Scientist's Name (First, MI, Last)

Date (Mo./Day/Yr.)



Y33349961

LAB USE ONLY

STEP 1: COMPLETED BY COLLECTOR OR EMPLOYER REPRESENTATIVE

SPECIMEN ID NO.

ACCESSION NO.

A. Employer Name, Address, I.D. No.

SKYLINE TRANSPORTATION INC
ATTN: DAVID KETTERMAN
131 W QUINCY AVE
KNOXVILLE, TN 37917
P: 865-524-3661 F: 865-524-4375

80086730

B. MRO Name, Address, Phone No. and Fax No.

JOHN McELIGOTT, MD
1107 CHARLES G SEIVERS BLVD
CLINTON, TN 37716

PH 865-463-2543 FX 865-269-4948

C. Donor SSN or Employee I.D. No.

1212

D. Specify Testing Authority: ☐ HHS ☒ NRC ☐ DOT - Specify DOT Agency: ☐ FMCSA ☐ FAA ☐ FRA ☒ LTA ☐ PHMSA ☐ USCG

E. Reason for Test: ☐ Pre-employment ☐ Random ☐ Reasonable Suspicion/Cause ☒ Post Accident ☐ Return to Duty ☐ Follow-up ☐ Other (specify) _____

F. Drug Tests to be Performed: ☒ THC, COC, PCP, OPI, AMP ☐ THC & COC Only ☐ Other (specify) _____

G. Collection Site Address:

Alcora
123 MAIN ST
KNOXVILLE, TN 37902

Collector
Phone No.

8655555555

Collector
Fax No.

8655555555

OMB No. 0930-0158

PRESS HARD - YOU ARE MAKING MULTIPLE COPIES

STEP 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 Remark _____

REMARKS

57006

STEP 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.

☒ Signature of Collector

Time of
Collection

0100

☐ AM
☐ PM

Date
(Mo./Day/Yr.)

01142016

SPECIMEN BOTTLE(S) RELEASED TO:

Name of Delivery Service Transferring Specimen to Lab

☐ FedEx ☐ Local Courier

☒ Other MEDTOX

RECEIVED AT LAB OR IITF:

☒

Signature of Accessioner

(PRINT) Accessioner's Name (First, MI, Last)

Date (Mo./Day/Yr.)

**Primary Specimen
Bottle Seal Intact**

☐ YES ☐ NO

If NO, Enter remark
in Step 5A.

SPECIMEN BOTTLE(S) RELEASED TO:

STEP 5A: PRIMARY SPECIMEN REPORT - COMPLETED BY TEST FACILITY

☐ NEGATIVE ☐ DILUTE ☐ POSITIVE for: ☐ Marijuana Metabolite (Δ9-THCA) ☐ 6-Acetylmorphine ☐ Methamphetamine ☐ MDMA ☐ MDA ☐ MDEA
☐ Cocaine Metabolite (BZE) ☐ Morphine ☐ Amphetamine
☐ PCP ☐ Codeine
☐ REJECTED FOR TESTING ☐ ADULTERATED ☐ SUBSTITUTED ☐ INVALID RESULT

REMARKS:

Test Facility (if different from above):

I certify that the specimen identified on this form was examined upon receipt, handled using chain of custody procedures, analyzed, and reported in accordance with applicable Federal requirements.

☒ Signature of Certifying Technician / Scientist

(PRINT) Certifying Technician / Scientist's Name (First, MI, Last)

Date (Mo./Day/Yr.)

STEP 5b: COMPLETED BY SPLIT TESTING LABORATORY

Laboratory Name

Laboratory Address

☐ RECONFIRMED ☐ FAILED TO RECONFIRM - REASON _____

I certify that the split specimen identified on this form was examined upon receipt, handled using chain of custody procedures, analyzed and reported in accordance with applicable Federal requirements.

☒

Signature of Certifying Scientist

(PRINT) Certifying Scientist's Name (First, MI, Last)

Date (Mo./Day/Yr.)



Y33349959

LAB USE ONLY

STEP 1: COMPLETED BY COLLECTOR OR EMPLOYER REPRESENTATIVE

SPECIMEN ID NO.

ACCESSION NO.

A. Employer Name, Address, I.D. No.

B. MRO Name, Address, Phone No. and Fax No.

SKYLINE TRANSPORTATION INC
ATTN: DAVID KETTERMAN
131 W GUINCY AVE
KNOXVILLE, TN 37917
P: 865-524-3661 F: 865-524-4375

80086730

JOHN McELIGOTT, MD
1107 CHARLES G SEIVERS BLVD
CLINTON, TN 37716

PH 865-463-2543 FX 865-269-4948

C. Donor SSN or Employee I.D. No.

D. Specify Testing Authority: ☐ HHS ☐ NRC ☒ DOT - Specify DOT Agency: ☒ FMCSA ☐ FAA ☐ FRA ☐ FTA ☐ PHMSA ☐ USCG

E. Reason for Test: ☐ Pre-employment ☒ Random ☐ Reasonable Suspicion/Cause ☐ Post Accident ☐ Return to Duty ☐ Follow-up ☐ 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.

Alco Pro
123 Main St
Knoxville TN 37902

STEP 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 Remark _____

REMARKS

57006

STEP 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.

☒ Signature of Collector

Time of
Collection

0100

☐ AM
☒ PM

Date
(Mo./Day/Yr.)

01/14/2016

SPECIMEN BOTTLE(S) RELEASED TO:

Name of Delivery Service Transferring Specimen to Lab

☒ FedEx

☐ Local Courier

☐ Other

RECEIVED AT LAB OR IITF:

☒

Signature of Accessioner

(PRINT) Accessioner's Name (First, MI, Last)

Date (Mo./Day/Yr.)

**Primary Specimen
Bottle Seal Intact**

☐ YES ☐ NO

If NO, Enter remark
in Step 5A.

SPECIMEN BOTTLE(S) RELEASED TO:

STEP 5A: PRIMARY SPECIMEN REPORT - COMPLETED BY TEST FACILITY

☐ NEGATIVE ☐ POSITIVE for: ☐ Marijuana Metabolite (Δ9-THCA) ☐ 6-Acetylmorphine ☐ Methamphetamine ☐ MDMA
☐ DILUTE ☐ Cocaine Metabolite (BZE) ☐ Morphine ☐ Amphetamine ☐ MDA
☐ PCP ☐ Codeine ☐ MDEA
☐ REJECTED FOR TESTING ☐ ADULTERATED ☐ SUBSTITUTED ☐ INVALID RESULT

REMARKS:

Test Facility (if different from above):

I certify that the specimen identified on this form was examined upon receipt, handled using chain of custody procedures, analyzed, and reported in accordance with applicable Federal requirements.

☒ Signature of Certifying Technician / Scientist

(PRINT) Certifying Technician / Scientist's Name (First, MI, Last)

Date (Mo./Day/Yr.)

STEP 5b: COMPLETED BY SPLIT TESTING LABORATORY

Laboratory Name

Laboratory Address

☐ RECONFIRMED ☐ FAILED TO RECONFIRM - REASON _____

I certify that the split specimen identified on this form was examined upon receipt, handled using chain of custody procedures, analyzed and reported in accordance with applicable Federal requirements.

☒

Signature of Certifying Scientist

(PRINT) Certifying Scientist's Name (First, MI, Last)

Date (Mo./Day/Yr.)



Y33349956

LAB USE ONLY

STEP 1: COMPLETED BY COLLECTOR OR EMPLOYER REPRESENTATIVE

SPECIMEN ID NO.

ACCESSION NO.

A. Employer Name, Address, I.D. No.

SKYLINE TRANSPORTATION INC
ATTN: DAVID KETTERMAN
131 W QUINCY AVE
KNOXVILLE, TN 37917
P: 865-524-3661 F: 865-524-4375

80086730

B. MRO Name, Address, Phone No. and Fax No.

JOHN McELLIOTT, MD
1107 CHARLES O SEIVERS BLVD
CLINTON, TN 37716

PH 865-463-2543 FX 865-269-4948

C. Donor SSN or Employee I.D. No.

D. Specify Testing Authority:

☐ HHS ☐ NRC ☒ DOT - Specify DOT Agency: ☒ FMCSA ☐ FAA ☒ FRA ☐ FTA ☐ PHMSA ☐ USCG

E. Reason for Test:

☐ Pre-employment ☒ Random ☐ Reasonable Suspicion/Cause ☐ Post Accident ☐ Return to Duty ☐ Follow-up ☐ Other (specify) _____

F. Drug Tests to be Performed:

☒ THC, COC, PCP, OPI, AMP ☐ THC & COC Only ☐ Other (specify) _____

G. Collection Site Address:

Alco Pro
123 MAIN ST
KNOXVILLE TN 37902

Collector
Phone No.

8655555555

Collector
Fax No.

8655555556

OMB No. 0930-0158

PRESS HARD - YOU ARE MAKING MULTIPLE COPIES

STEP 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 Remark

REMARKS

57006

STEP 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.

☒ Signature of Collector
KEVIN HUTCHINSON
(PRINT) Collector's Name (First, MI, Last)

Time of
Collection
Date
(Mo./Day/Yr.)

0100
AM
PM

SPECIMEN BOTTLE(S) RELEASED TO:

Name of Delivery Service Transferring Specimen to Lab

☒ FedEx ☐ Local Courier
☐ Other

RECEIVED AT LAB OR IITF:

☒ Signature of Accessioner
(PRINT) Accessioner's Name (First, MI, Last)

Date (Mo./Day/Yr.)

**Primary Specimen
Bottle Seal Intact**

☐ YES ☐ NO

If NO, Enter remark
in Step 5A.

SPECIMEN BOTTLE(S) RELEASED TO:

STEP 5A: PRIMARY SPECIMEN REPORT - COMPLETED BY TEST FACILITY

☐ NEGATIVE ☐ DILUTE ☐ POSITIVE for: ☐ Marijuana Metabolite (Δ9-THCA) ☐ 6-Acetylmorphine ☐ Methamphetamine ☐ MDMA
☐ Cocaine Metabolite (BZE) ☐ Morphine ☐ Amphetamine ☐ MDA
☐ PCP ☐ Codeine ☐ MDEA
☐ REJECTED FOR TESTING ☐ ADULTERATED ☐ SUBSTITUTED ☐ INVALID RESULT

REMARKS:

Test Facility (if different from above):

I certify that the specimen identified on this form was examined upon receipt, handled using chain of custody procedures, analyzed, and reported in accordance with applicable Federal requirements.

☒ Signature of Certifying Technician / Scientist

(PRINT) Certifying Technician / Scientist's Name (First, MI, Last)

Date (Mo./Day/Yr.)

STEP 5b: COMPLETED BY SPLIT TESTING LABORATORY

Laboratory Name

Laboratory Address

☐ RECONFIRMED ☐ FAILED TO RECONFIRM - REASON

I certify that the split specimen identified on this form was examined upon receipt, handled using chain of custody procedures, analyzed and reported in accordance with applicable Federal requirements.

☒

Signature of Certifying Scientist

(PRINT) Certifying Scientist's Name (First, MI, Last)

Date (Mo./Day/Yr.)



Y33349958

LAB USE ONLY

STEP 1: COMPLETED BY COLLECTOR OR EMPLOYER REPRESENTATIVE

SPECIMEN ID NO.

ACCESSION NO.

A. Employer Name, Address, I.D. No.

SKYLINE TRANSPORTATION INC
ATTN: DAVID KETTERMAN
131 W QUINCY AVE
KNOXVILLE, TN 37917
P: 865-524-3661 F: 865-524-4375

80084730

B. MRO Name, Address, Phone No. and Fax No.

JOHN McELIGOTT, MD
1107 CHARLES G SEIVERS BLVD
CLINTON, TN 37716

PH 865-463-2543 FX 865-269-4948

C. Donor SSN or Employee I.D. No.

1212

D. Specify Testing Authority:

☐ HHS ☒ NRC ☐ DOT - Specify DOT Agency: ☐ FMCSA ☐ FAA ☒ FRA ☐ FTA ☐ PHMSA ☐ USCG

E. Reason for Test:

☐ Pre-employment ☒ Random ☐ Reasonable Suspicion/Cause ☒ Post Accident ☐ Return to Duty ☐ Follow-up ☐ Other (specify)

F. Drug Tests to be Performed:

☒ THC, COC, PCP, OPI, AMP ☐ THC & COC Only ☐ Other (specify)

G. Collection Site Address:

Alcorpo
123 MAIN ST
KNOXVILLE, TN 37902

Collector
Phone No.

8655555555

Collector
Fax No.

8655555556

OMB No. 0930-0158

PRESS HARD - YOU ARE MAKING MULTIPLE COPIES

STEP 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 Remark

REMARKS

57006

STEP 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.

☒ Signature of Collector
KEN HUTCHINSON
(PRINT) Collector's Name (First, MI, Last)

Time of
Collection

0100

☐ AM
☒ PM

Date
(Mo./Day/Yr.)

01/17/16

SPECIMEN BOTTLE(S) RELEASED TO:

Name of Delivery Service Transferring Specimen to Lab

☒ FedEx

☐ Local Courier

☐ Other

RECEIVED AT LAB OR IITF:

☒

Signature of Accessioner

(PRINT) Accessioner's Name (First, MI, Last)

Date (Mo./Day/Yr.)

**Primary Specimen
Bottle Seal Intact**

☐ YES ☐ NO

If NO, Enter remark
in Step 5A.

SPECIMEN BOTTLE(S) RELEASED TO:

STEP 5A: PRIMARY SPECIMEN REPORT - COMPLETED BY TEST FACILITY

☐ NEGATIVE ☐ DILUTE ☐ POSITIVE for: ☐ Marijuana Metabolite (Δ^9 -THCA) ☐ 6-Acetyl morphine ☐ Methamphetamine ☐ MDMA ☐ Cocaine Metabolite (BZE) ☐ Morphine ☐ Amphetamine ☐ MDA ☐ PCP ☐ Codeine ☐ MDEA ☐ REJECTED FOR TESTING ☐ ADULTERATED ☐ SUBSTITUTED ☐ INVALID RESULT

REMARKS:

Test Facility (if different from above):

I certify that the specimen identified on this form was examined upon receipt, handled using chain of custody procedures, analyzed, and reported in accordance with applicable Federal requirements.

☒ Signature of Certifying Technician / Scientist

(PRINT) Certifying Technician / Scientist's Name (First, MI, Last)

Date (Mo./Day/Yr.)

STEP 5b: COMPLETED BY SPLIT TESTING LABORATORY

Laboratory Name

Laboratory Address

☐ RECONFIRMED ☐ FAILED TO RECONFIRM - REASON

I certify that the split specimen identified on this form was examined upon receipt, handled using chain of custody procedures, analyzed and reported in accordance with applicable Federal requirements.

☒ Signature of Certifying Scientist

(PRINT) Certifying Scientist's Name (First, MI, Last)

Date (Mo./Day/Yr.)

SPECIMEN ID NO.



Y33349958

SPECIMEN ID NO.

A - SPECIMEN
30 ML

PLACE
OVER
CAP

MEDTOX[®]
LABORATORIES, INC.

A-30 ML

1/17/16
Date (Mo. Day, Yr.)
JS
Donor's Initials

B
SPLIT SPECIMEN
15 ML

PLACE
OVER
CAP

MEDTOX[®]
LABORATORIES, INC.

B-15 ML

1/17/16
Date (Mo. Day, Yr.)
JS
Donor's Initials



Y33349977

LAB USE ONLY

STEP 1: COMPLETED BY COLLECTOR OR EMPLOYER REPRESENTATIVE

SPECIMEN ID NO.

ACCESSION NO.

A. Employer Name, Address, I.D. No.

B. MRO Name, Address, Phone No. and Fax No.

SKYLINE TRANSPORTATION INC
ATTN: DAVID KETTERMAN
131 W QUINCY AVE
KNOXVILLE, TN 37917
P: 865-524-3661 F: 865-524-4375

80086730

JOHN McELIGOTT, MD
1107 CHARLES G SEIVERS BLVD
CLINTON, TN 37716

PH 865-469-2543 FX 865-269-4948

C. Donor SSN or Employee I.D. No.

1212

D. Specify Testing Authority: ☐ HHS ☐ NRC ☐ DOT - Specify DOT Agency: ☒ FMCSA ☐ FAA ☐ FRA ☐ FTA ☐ PHMSA ☐ USCG

E. Reason for Test: ☐ Pre-employment ☒ Random ☐ Reasonable Suspicion/Cause ☐ Post Accident ☐ Return to Duty ☐ Follow-up ☐ 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.

8655555555

Collector
Fax No.

8655555556

STEP 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 Remark _____

REMARKS

57006

STEP 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.

☒ Signature of Collector
KEN HUTCHINSON
(PRINT) Collector's Name (First, MI, Last)

Time of
Collection

100

☐ AM
☒ PM

Date
(Mo./Day/Yr.)

01/14/2016

SPECIMEN BOTTLE(S) RELEASED TO:

Name of Delivery Service Transferring Specimen to Lab

☒ FedEx

☒ Local Courier

☐ Other _____

RECEIVED AT LAB OR IITF:

☒ Signature of Accessioner
(PRINT) Accessioner's Name (First, MI, Last)
Date (Mo./Day/Yr.)

**Primary Specimen
Bottle Seal Intact**

☐ YES ☐ NO

If NO, Enter remark
in Step 5A.

SPECIMEN BOTTLE(S) RELEASED TO:

STEP 5A: PRIMARY SPECIMEN REPORT - COMPLETED BY TEST FACILITY

☐ NEGATIVE ☐ POSITIVE for: ☐ Marijuana Metabolite (Δ9-THCA) ☐ 6-Acetyl morphine ☐ Methamphetamine ☐ MDMA
☐ DILUTE ☐ Cocaine Metabolite (BZE) ☐ Morphine ☐ Amphetamine ☐ MDA
☐ REJECTED FOR TESTING ☐ ADULTERATED ☐ SUBSTITUTED ☐ INVALID RESULT ☐ PCP ☐ Codeine ☐ MDEA

REMARKS:

Test Facility (if different from above):

I certify that the specimen identified on this form was examined upon receipt, handled using chain of custody procedures, analyzed, and reported in accordance with applicable Federal requirements.

☒ Signature of Certifying Technician / Scientist

(PRINT) Certifying Technician / Scientist's Name (First, MI, Last)

Date (Mo./Day/Yr.)

STEP 5b: COMPLETED BY SPLIT TESTING LABORATORY

Laboratory Name Laboratory Address	☐ RECONFIRMED ☐ FAILED TO RECONFIRM - REASON _____ I certify that the split specimen identified on this form was examined upon receipt, handled using chain of custody procedures, analyzed and reported in accordance with applicable Federal requirements. ☒ Signature of Certifying Scientist (PRINT) Certifying Scientist's Name (First, MI, Last) Date (Mo./Day/Yr.)
--	--



Y33349960

LAB USE ONLY

STEP 1: COMPLETED BY COLLECTOR OR EMPLOYER REPRESENTATIVE

SPECIMEN ID NO.

ACCESSION NO.

A. Employer Name, Address, I.D. No.

B. MRO Name, Address, Phone No. and Fax No.

SKYLINE TRANSPORTATION INC
ATTN: DAVID KETTERMAN
131 W QUINCY AVE
KNOXVILLE, TN 37917
P: 865-524-3661 F: 865-524-4375

B0086730

ABC MRO SERVICES
111 2nd St
Knoxville TN 37902
Phone: 865-555-0000 Fax: 865-555-0001

C. Donor SSN or Employee I.D. No. 1212

D. Specify Testing Authority: ☐ HHS ☐ NRC ☒ DOT - Specify DOT Agency: ☐ FMCSA ☐ FAA ☐ FRA ☐ FTA ☐ PHMSA ☐ USCG

E. Reason for Test: ☐ Pre-employment ☒ Random ☐ Reasonable Suspicion/Cause ☐ Post Accident ☐ Return to Duty ☐ Follow-up ☐ 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.

8655555555

Collector
Fax No.

8655555555

AICO Pro
123 MAIN ST
KNOXVILLE, TN 37902

STEP 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 Remark _____

REMARKS 57006

STEP 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.

☒ Signature of Collector

Time of
Collection

0100

☐ AM
☐ PM

SPECIMEN BOTTLE(S) RELEASED TO:

Name of Delivery Service Transferring Specimen to Lab

☒ FedEx

☐ Local Courier

☐ Other _____

KEN HUTCHINSON
(PRINT) Collector's Name (First, MI, Last)

Date
(Mo./Day/Yr.)

01142016

RECEIVED AT LAB OR IITF:

☒

Signature of Accessioner

(PRINT) Accessioner's Name (First, MI, Last)

Date (Mo./Day/Yr.)

**Primary Specimen
Bottle Seal Intact**

☐ YES ☐ NO

If NO, Enter remark
in Step 5A.

SPECIMEN BOTTLE(S) RELEASED TO:

STEP 5A: PRIMARY SPECIMEN REPORT - COMPLETED BY TEST FACILITY

☐ NEGATIVE ☐ DILUTE ☐ POSITIVE for: ☐ Marijuana Metabolite (Δ9-THCA) ☐ 6-Acetylmorphine ☐ Methamphetamine ☐ MDMA
☐ Cocaine Metabolite (BZE) ☐ Morphine ☐ Amphetamine ☐ MDA
☐ PCP ☐ Codeine ☐ MDEA
☐ REJECTED FOR TESTING ☐ ADULTERATED ☐ SUBSTITUTED ☐ INVALID RESULT

REMARKS:

Test Facility (if different from above):

I certify that the specimen identified on this form was examined upon receipt, handled using chain of custody procedures, analyzed, and reported in accordance with applicable Federal requirements.

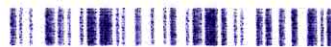
☒ Signature of Certifying Technician / Scientist

(PRINT) Certifying Technician / Scientist's Name (First, MI, Last)

Date (Mo./Day/Yr.)

STEP 5b: COMPLETED BY SPLIT TESTING LABORATORY

Laboratory Name Laboratory Address	☐ RECONFIRMED ☐ FAILED TO RECONFIRM - REASON _____ I certify that the split specimen identified on this form was examined upon receipt, handled using chain of custody procedures, analyzed and reported in accordance with applicable Federal requirements. ☒ Signature of Certifying Scientist (PRINT) Certifying Scientist's Name (First, MI, Last) Date (Mo./Day/Yr.)
--	--



Y33349976

LAB USE ONLY

STEP 1: COMPLETED BY COLLECTOR OR EMPLOYER REPRESENTATIVE

SPECIMEN ID NO.

ACCESSION NO.

A. EMPLOYER NAME, ADDRESS, I.D. NO.

BUTLER TRUCKING
P.O. Box 13
KNOXVILLE, TN 37902

B. MRO Name, Address, Phone No. and Fax No.

JOHN McELLIGOTT, MD
1107 CHARLES O SEIVERS BLVD
CLINTON, TN 37716

0086730

PH 865-463-2543 FX 365-269-4948

C. Donor SSN or Employee I.D. No.

1212

D. Specify Testing Authority:

☐ HHS ☐ NRC ☒ DOT - Specify DOT Agency: ☐ FMCSA ☒ FAA ☐ FRA ☐ FTA ☐ PHMSA ☐ USCGE. Reason for Test: ☐ Pre-employment ☐ Random ☒ Reasonable Suspicion/Cause ☒ Post Accident ☐ Return to Duty ☐ Follow-up ☐ Other (specify) _____F. Drug Tests to be Performed: ☒ THC, COC, PCP, OPI, AMP ☐ THC & COC Only ☐ Other (specify) _____

G. Collection Site Address:

Alcor
123 ALLEN ST
KNOXVILLE TN 37902Collector
Phone No.

865 555 5555

Collector
Fax No.

865 555 5551

STEP 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 Remark _____

REMARKS

57006

STEP 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 CollectorKEVIN HUTCHINSON
(PRINT) Collector's Name (First, MI, Last)Time of
Collection

100

☐ AM
☒ PMDate
(Mo./Day/Yr.)

01/14/2016

SPECIMEN BOTTLE(S) RELEASED TO:

Name of Delivery Service Transferring Specimen to Lab

☒ FedEx☐ Local Courier☐ Other

RECEIVED AT LAB OR IITF:

X
Signature of Accessioner

(PRINT) Accessioner's Name (First, MI, Last)

Date (Mo./Day/Yr.)

Primary Specimen
Bottle Seal Intact☐ YES ☐ NOIf NO, Enter remark
in Step 5A.

SPECIMEN BOTTLE(S) RELEASED TO:

STEP 5A: PRIMARY SPECIMEN REPORT - COMPLETED BY TEST FACILITY

☐ NEGATIVE ☐ DILUTE ☐ POSITIVE for: ☐ Marijuana Metabolite (Δ9-THCA) ☐ 6-Acetylmorphine ☐ Methamphetamine ☐ MDMA
☐ Cocaine Metabolite (BZE) ☐ Morphine ☐ Amphetamine ☐ MDA
☐ PCP ☐ Codeine ☐ MDEA
☐ REJECTED FOR TESTING ☐ ADULTERATED ☐ SUBSTITUTED ☐ INVALID RESULT

REMARKS:

Test Facility (if different from above):

I certify that the specimen identified on this form was examined upon receipt, handled using chain of custody procedures, analyzed, and reported in accordance with applicable Federal requirements.

X
Signature of Certifying Technician / Scientist

(PRINT) Certifying Technician / Scientist's Name (First, MI, Last)

Date (Mo./Day/Yr.)

STEP 5b: COMPLETED BY SPLIT TESTING LABORATORY

Laboratory Name	☐ RECONFIRMED ☐ FAILED TO RECONFIRM - REASON _____
Laboratory Address	I certify that the split specimen identified on this form was examined upon receipt, handled using chain of custody procedures, analyzed and reported in accordance with applicable Federal requirements.
	X Signature of Certifying Scientist
	(PRINT) Certifying Scientist's Name (First, MI, Last)
	Date (Mo./Day/Yr.)



Y33349957

LAB USE ONLY

STEP 1: COMPLETED BY COLLECTOR OR EMPLOYER REPRESENTATIVE

SPECIMEN ID NO.

ACCESSION NO.

A. Employer Name, Address, I.D. No.

SKYLINE TRANSPORTATION INC
ATTN: DAVID KETTERMAN
131 W GUINCY AVE
KNOXVILLE, TN 37917
P: 865-524-3661 F: 865-524-4375

80086730

B. MRO Name, Address, Phone No. and Fax No.

JOHN McELIGOTT, MD
1107 CHARLES G SEIVERS BLVD
CLINTON, TN 37716

PH 865-463-2543 FX 865-269-4948

C. Donor SSN or Employee I.D. No.

1212

D. Specify Testing Authority: ☐ HHS ☐ NRC ☒ DOT - Specify DOT Agency:

☐ FMCSA ☐ FAA ☒ FRA ☐ FTA ☐ PHMSA ☐ USCG

E. Reason for Test: ☒ Pre-employment ☒ Random ☐ Reasonable Suspicion/Cause ☐ Post Accident ☐ Return to Duty ☐ Follow-up ☐ Other (specify) _____

F. Drug Tests to be Performed:

☒ THC, COC, PCP, OPI, AMP ☐ THC & COC Only ☐ Other (specify) _____

G. Collection Site Address:

Airport
123 MAIN ST
KNOXVILLE TN 37902

Collector
Phone No.

8655555555

Collector
Fax No.

8655555555

STEP 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 Remark _____

REMARKS

57006

STEP 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.

☒ Signature of Collector

Time of
Collection

0100

☐ AM
☒ PM

Date
(Mo./Day/Yr.)

01142016

SPECIMEN BOTTLE(S) RELEASED TO:

Name of Delivery Service Transferring Specimen to Lab

☒ FedEx

☐ Local Courier

☐ Other

RECEIVED AT LAB OR IITF:

☒ Signature of Accessioner

(PRINT) Accessioner's Name (First, MI, Last)

Date (Mo./Day/Yr.)

**Primary Specimen
Bottle Seal Intact**

☐ YES ☐ NO

If NO, Enter remark
in Step 5A.

SPECIMEN BOTTLE(S) RELEASED TO:

STEP 5A: PRIMARY SPECIMEN REPORT - COMPLETED BY TEST FACILITY

☐ NEGATIVE ☐ POSITIVE for: ☐ Marijuana Metabolite (Δ9-THCA) ☐ 6-Acetylmorphine ☐ Methamphetamine ☐ MDMA
☐ DILUTE ☐ Cocaine Metabolite (BZE) ☐ Morphine ☐ Amphetamine ☐ MDA
☐ PCP ☐ Codeine ☐ MDEA
☐ REJECTED FOR TESTING ☐ ADULTERATED ☐ SUBSTITUTED ☐ INVALID RESULT

REMARKS:

Test Facility (if different from above):

I certify that the specimen identified on this form was examined upon receipt, handled using chain of custody procedures, analyzed, and reported in accordance with applicable Federal requirements.

☒ Signature of Certifying Technician / Scientist

(PRINT) Certifying Technician / Scientist's Name (First, MI, Last)

Date (Mo./Day/Yr.)

STEP 5b: COMPLETED BY SPLIT TESTING LABORATORY

Laboratory Name

Laboratory Address

☐ RECONFIRMED ☐ FAILED TO RECONFIRM - REASON _____

I certify that the split specimen identified on this form was examined upon receipt, handled using chain of custody procedures, analyzed and reported in accordance with applicable Federal requirements.

☒

Signature of Certifying Scientist

(PRINT) Certifying Scientist's Name (First, MI, Last)

Date (Mo./Day/Yr.)

Purpose: Increase familiarity of DOT rules and regulations regarding procedural requirements as outlined in 49 CFR Part 40.

Regulatory Review

1. How long must the collector retain Copy 3 of the CCF?
2. How many mock collections are required by DOT and what scenarios must these mocks address?
3. DOT requires the collector to read the temperature strip within _____ minutes.
4. What information is the employer required to provide to the collector prior to a specimen collection?
5. What forms of identification does DOT consider to be valid?
6. May a collector catheterize a donor to obtain a specimen?
7. When must the collector ship the specimen to the lab?
8. Can a collector use the leftover specimen from a DOT collection for any other testing?
9. DOT has determined the acceptable temperature range for a valid specimen is _____.
10. How much urine must the donor provide to be considered a sufficient amount to send to the lab for testing?
11. If someone other than the collector is the monitor, is the collector required to document the monitor's name?
12. Can a collector conduct more than one collection at a time?
13. Can anyone conduct a direct observation collection?
14. If the donor provides 45 mL of urine, how much of the specimen is poured into each collection bottle or vial?
15. What is the result of the drug test if the donor does not undergo a medical evaluation due to a "Shy Bladder"?
16. The donor may drink up to _____ fluid ounces within a _____ hour time period during a "Shy Bladder" scenario.
17. If the collector fails to print and sign their name, is the action a correctable flaw?
18. Where can the collector find the regulation requiring a bluing agent to be used in the toilet?
19. A collector can use what two types of restrooms or facilities for conducting the collection process?
20. In the event of a fatal flaw, the collector is required to undergo "Error Correction" training within _____ days of being notified of the error. How many mock collections is the collector required to perform to complete the training?