



10124584

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4946292

SPECIMEN ID NO.

4946292

STEP 1: COMPLETED BY COLLECTOR OR EMPLOYER REPRESENTATIVE

LAB ACCESSION NO.

A. Employer Name, Address, I.D. No.
 ROY SALMON TRUCKING
 ROY SALMON
 9737 EUSTICE ROAD
 RANDALLSTOWN MD 21133
 PH: 443-629-4648 FAX: --
B. MRO Name, Address, Phone No. and Fax No.
 FREDERICK J POPE, MD, MRO
 FOLEY MRO SERVICES
 140 HUYSHOPE AVE
 HARTFORD CT 06106
 PH: 860-815-0825 FAX: 860-920-5260
C. Donor SSN or Employee I.D. No.

218-65-8620

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)
☒ 45304H DOT DRUG PANEL U/TS**G. Collection Site Name:**

Collection Site Code:

 Address: 1419 Knecht Ave
 City, State and Zip: Baltimore Md 21207

Collector Phone No.: 410-247-9595

Collector Fax No.: 410-247-7553

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

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.

SPECIMEN BOTTLE(S) RELEASED TO:☒☐ Quest Diagnostics Courier☐ FedEx☐ Other

Signature of Collector

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

Date (Mo./Day/Yr.)

Time of Collection

Name of Delivery Service

STEP 5: COMPLETED BY DONOR

I certify that I provided my urine specimen to the collector; that I have not adulterated it in any manner; each 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 each specimen bottle is correct.

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Signature of Donor

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

Date (Mo./Day/Yr.)

Daytime Phone No.

Evening Phone No.

Date of Birth

After the Medical Review Officer receives the test results for the specimen identified by this form, he/she may contact you to ask about prescriptions and over-the-counter medications you may have taken. Therefore, you may want to make a list of those medications for your own records. THIS LIST IS NOT NECESSARY. If you choose to make a list, do so either on a separate piece of paper or on the back of your copy (Copy 5). - DO NOT PROVIDE THIS INFORMATION ON THE BACK OF ANY OTHER COPY OF THE FORM. TAKE COPY 5 WITH YOU.

STEP 6: COMPLETED BY MEDICAL REVIEW OFFICER - PRIMARY SPECIMEN

In accordance with applicable Federal requirements, my verification is:

☐ NEGATIVE ☐ POSITIVE for:☐ DILUTE☐ REFUSAL TO TEST because - check reason(s) below:☐ ADULTERATED (adulterant/reason):☐ SUBSTITUTED☐ OTHER☐ TEST CANCELLED

REMARKS:

☒

Signature of Medical Review Officer

(PRINT) Medical Review Officer's Name (First, MI, Last)

Date (Mo./Day/Yr.)

STEP 7: COMPLETED BY MEDICAL REVIEW OFFICER - SPLIT SPECIMEN

In accordance with applicable Federal requirements, my verification for split specimen (if tested) is:

☐ RECONFIRMED for:☐ FAILED TO RECONFIRM for:☐ TEST CANCELLED

REMARKS:

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Signature of Medical Review Officer