DRUG TESTING CUSTODY AND CONTROL FORM	
	AII DIAGNOSTIC LABORATORY SERVICES,INC
PRESS HARD - YOU ARE MAKING MULTIPLE COPIES SPECIMEN ID NO 02086-1505 STEP 1: COMPLETED BY COLLECTOR OR EMPLOYER REPRESENTATION	4
A. Employer Name, Address and I.D. No. GOODWILL CONTRACT SERVICES - HI ATTN: HUMAN RESOURCES 2610 KILIHAU ST. HONOLULU, HI 96819 836-0313	B. MRO Name, Address, Phone and Fax No. PATRICK LAM, M. D. 1523 KALAKAUA AVE, #100 HONDLULU, HI 96826 (808) 942-7727
C. Donor SSN or Employee I.D. No D. Reason for Test: Pre-employment Random Return to Duty Reas E. Donor I.D. Verified Photo I.D. Employer Representative	conable Suspicion/Cause Post Accident Cother
F. Drug Tests to be Performed: 1 3 4728 SAP 5, GC/MS	Sign at lab to identify donor w/o legal I.D.
G. Collection Site Address:	Collector Phone No Collector Fax No
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 < or > Specimer	
REMARKS STEP 3: Collector affixes bottle seal(s) to bottle(s). Collector dates seal(s). I STEP 4: CHAIN OF CUSTODY - INITIATED BY COLLECTOR AND COMP	
I certify that the specimen given to me by the donor identified in the certification section on Copy accordance with applicable requirements.	3 of this form was collected, labeled, sealed and released to the Delivery Service noted in SPECIMEN BOTTLE(S) RELEASED TO:
Signature of Collector Time of Collection (PRINT) Collector's Name (First, MI, Last) Date (Mo./Day/Yr.)	SEALED FOR COURIER PICK-UP Name of Delivery Service Transferring Specimen to Lab
RECEIVED AT LAB: X Signature of Accessioner (PRINT) Accessioner's Name (First, MI, Last) Date (Mo./Day/Yr.)	Primary Specimen Bottle Seal Intact SPECIMEN BOTTLE(S) RELEASED TO: Yes No, Enter Remark Below

COMMENTS:



CONTRACT COURSE AND