



8312

**HAWAII****DIAGNOSTIC  
LABORATORY  
SERVICES, INC.****PRESS HARD - YOU ARE  
MAKING MULTIPLE COPIES**

SPECIMEN ID NO.

**02091-30558****STEP 1: COMPLETED BY COLLECTOR OR EMPLOYER REPRESENTATIVE**

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

**GOODWILL HAWAII  
ATTN: HUMAN RESOURCES  
DEPT CODE \_\_\_\_\_  
2610 KILIAU ST.  
HONOLULU, HI 96819  
836-0313**

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

**PATRICK LAM, M. D.  
1523 KALAKAUA AVE, #100  
HONOLULU, HI 96826****(808) 942-7727**

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

D. Reason for Test: ☐ Pre-employment ☐ Random ☐ Return to Duty ☐ Reasonable Suspicion/Cause ☒ Post Accident ☐ Other \_\_\_\_\_ specifyE. Donor I.D. Verified ☐ Photo I.D. ☐ Employer Representative \_\_\_\_\_

Sign at lab to identify donor w/o legal I.D.

F. Drug Tests to be Performed:

**14728 TOX-SAP 5, GC/MS**

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 > \_\_\_\_\_

Specimen Collection:

☐ Split ☐ Single ☐ None Provided (Enter Remark) \_\_\_\_\_☐ Observed (Enter Name) \_\_\_\_\_

COLLECTOR'S 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 3 (MRO Copy).****STEP 4: CHAIN OF CUSTODY - INITIATED BY COLLECTOR AND COMPLETED BY TOXICOLOGY***I certify that the specimen given to me by the donor identified in the certification section on Copy 3 of this form was collected, labeled, sealed and released to the Delivery Service noted in accordance with applicable requirements.***X**

Signature of Collector

Time of Collection

AM  
PM

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

Date (Mo./Day/Yr.)

**SPECIMEN BOTTLE(S) RELEASED TO:****SEALED FOR COURIER PICK-UP**

Name of Delivery Service Transferring Specimen to Lab

**RECEIVED AT LAB:****X**

Signature of Accessioner

Time of Collection

AM  
PM

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

Date (Mo./Day/Yr.)

**Primary Specimen  
Bottle Seal Intact**☐ Yes☐ No, Enter Remark Below**SPECIMEN BOTTLE(S) RELEASED TO:****TOXICOLOGY STAFF COMMENTS:****02091-30558**

SPECIMEN ID NO.

**PLACE  
OVER  
CAP****SPECIMEN BOTTLE  
SEAL**

Date (Mo. Day Yr.)

Donor's Initials

