

**Requesting (Medical Clinic or Business):**

Dr. \_\_\_\_\_



5990 Côte-des-Neiges, Mtl, (Qc) H3S 1Z5  
 Tel: 514 344-8022 Fax: 514 344-8024  
 E-Mail: [service@cdllabs.com](mailto:service@cdllabs.com)  
 Monday to Friday from 8am to 8pm  
 Sunday from 9am to 3pm

**DRUGS OF ABUSE CHAIN OF CUSTODY FORM**

DATE AND TIME OF COLLECTION \_\_\_\_\_ I.D.# \_\_\_\_\_  
 (YYYY/MM/DD) (space reserved for CDL)  
 LAST NAME \_\_\_\_\_ FIRST NAME \_\_\_\_\_  
 TELEPHONE \_\_\_\_\_ SEX  M  F DONOR IDENTIFICATION \_\_\_\_\_  
 DATE OF BIRTH \_\_\_\_\_ DONOR ADDRESS \_\_\_\_\_  
 (YYYY/MM/DD)

**Reason for screening**

- PRÉ-EMPLOYMENT  
 DURING EMPLOYMENT  
 POST ACCIDENT

 OTHER: \_\_\_\_\_**Tests**

- 7 drugs profile** [Cocaine, Opiates, Cannabis, Amphetamines, Phencyclidine, Barbiturates, Benzodiazepine] (DA7B)  
 **6 drugs profile (with cannabis)** [Cocaine, Opiates, Amphetamines, Phencyclidine, Cannabis, Benzodiazepine] (DA6B50)  
 **6 drugs profile (with ethanol)** [Cocaine, Opiates, Amphetamines, Phencyclidine, Ethanol, Benzodiazepine] (DA6E)  
 **5 drugs profile** [Cocaine, Opiates, Cannabis, Amphetamines, Phencyclidine] (DAUB50)  
 **4 drugs profile** [Amphetamines, Cannabis, Cocaine, Opiates] (DAU450)  
 Amphetamines (AMPH)  Serum Ethanol (SETH)  
 Barbiturates (UBAR)  Methadone (UMDN)  
 Benzodiazepine (BENZ)  Opiates (OPIT)  
 Cannabis (CN50)  Phencyclidine (PCP)  
 Cocaine (COKE)  Propoxyphene (UPXP)  
 Ethanol (UETH)  Other: \_\_\_\_\_

Specify the current drugs that the specimen donor is presently taking or has taken in the last 14 days:

1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_ 4. \_\_\_\_\_

**TO BE COMPLETED BY DONOR :**

I certify by the present that the urine identified on this form is mine; that it was freshly removed, that it was not falsified and that the identification information furnished on this form as well as on the flask are correct. I consent that this sample should be returned to the laboratory designated by the requesting party, be it CDL Laboratories, to verify and/or identify all falsification and to perform the required tests; In addition, I authorize the disclosure of the results of this test to the person designated by the requesting party.

SIGNATURE OF THE DONOR \_\_\_\_\_

DATE \_\_\_\_\_

**SAMPLE TEMPERATURE:**

Read within 4 minutes  Yes  No  
 The temperature is between 32.0°C – 38.0°C  Yes  No  
 90.0°F – 100.00°F  Yes  No

If not, write :  
 1. The specimen temperature :  
 2. Take the body temperature:

Colour \_\_\_\_\_ Clarity \_\_\_\_\_

Quantity Aliquot A : \_\_\_\_\_ (minimum 30mL)  
 Quantity Aliquot B : \_\_\_\_\_ (minimum 15 mL)

**ATTESTATION OF THE PERSON COLLECTING SAMPLE:**

I certify by the present that the sample identified on this form is the actual one given to me by the donor, that he/she signed the form, and that this sample contains the identification marked above, that it was collected, ticketed and closed hermetically in the presence of the donor. In addition, I certify that the sample was given to me directly by the donor, and it will have been sent to you, duly sealed, to your laboratory by:

Printed name: \_\_\_\_\_

Signature \_\_\_\_\_  
 Date \_\_\_\_\_

SAMPLE RETURNED BY	RECEIVED BY Initials/Date/Hour	REASON FOR CHANGE
		Specimen Collection
	CDL Courier	Transport
CDL Courier		Order Entry
		Labelling
		Analysis
		Storage
From storage		Discard

**SPECIMEN VALIDATION (LABORATORY)**Specimen correctly sealed upon reception  Yes  No

Initials/Date : \_\_\_\_\_

Doctors Signature : \_\_\_\_\_

White (Laboratory copy)

Yellow (Copy of the requesting party)

Pink (Donor's copy)

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2019-Avr-10

Laboratoires CDL Inc.