

DONOR INFORMATION	REQUESTING AUTHORITY
SURNAME    Anderson GIVEN        Neil DEPARTMENT    Management COMPANY        PSD DOB                                  M/F ADDRESS        123 Main St Australia 6000	 160 Scarborough Beach Road Osborne Park, Perth WA +61 08 9444 1278 Neil Anderson
IDENTITY OF DONOR VERIFIED BY Photo ID <input type="checkbox"/> Non Photo ID <input type="checkbox"/>  ID Type _____ ID Number _____ NOTE : If Photo ID is not produced, it will be noted in the report	SPECIFY DRUGS REQUIRING TESTING Opiates <input type="checkbox"/> ATS <input type="checkbox"/> THC <input type="checkbox"/> Cocaine <input type="checkbox"/> Other (please specify) <input type="checkbox"/> _____

**DONOR CERTIFICATION/CONSENT/DECLARATION (To be completed by donor or parent/guardian)**

I certify that the specimens accompanying this form are my own and were provided by me to the collector. Further, I certify that the specimen containers were sealed with tamper-proof seals in my presence and that the information provided on this form and on the labels is correct. Also, I consent to the analysis of the specimens for drug of abuse and the release of these results to my employer, prospective employer or his authorised representative.

Donor/Guardian Signature \_\_\_\_\_ Date 24/02/2017

**COLLECTOR CERTIFICATION**

I certify that I witnessed the donor signature and that the specimen identified on this form was provided to me by the donor whose consent and certification appears above, bears the same identification as set forth above, and that the specimen has been collected, divided, labelled and sealed in accordance with the instructions provided.

Name of collector \_\_\_\_\_ Date of Collection 24/02/2017  
 Collector's Signature \_\_\_\_\_ Time Of Collection 3:13:02 PM  
 Comments \_\_\_\_\_ Collection Site \_\_\_\_\_

CHAIN-OF-CUSTODY				
Received by (Print)	Signature	Date / Time Received	Seal Intact	Labels Match
			YES/NO	YES/NO
			YES/NO	YES/NO
			YES/NO	YES/NO
			YES/NO	YES/NO