## CHAIN-OF-CUSTODY/REQUEST FORM FOR ORAL FLUID ANALYSIS AS 4760--2006

DONOR INFOR		REQUESTING AUTHORITY						
SURNAME Anderson GIVEN Neil DEPARTMENT Manage COMPANY PSD DOB ADDRESS 123 Ma Australia 6000	PSD LOGISTICS  160 Scarborough Beach Road Osborne Park, Perth WA +61 08 9444 1278 Neil Anderson							
IDENTITY OF DONOR	SPECIEVIN	IRLIGS REOLL	RING TESTIN	G				
Photo ID Non Photo ID			SPECIFY DRUGS REQUIRING TESTING  Opiates  ATS  THC  Cocaine					
ID Type				Other (please specify)				
ID Number		Cities (produce operating)						
NOTE : If Photo ID is not produced,	it will be noted	in the report						
DONOR CERTIFICATION/COM	NSENT/DECL	ARATION (To	be completed	by donor o	parent/guar	dian)		
me to the authorised collector. Further, for any of my specimens that are to be the information on the labels is correct. results together with all relevant details I have taken the following medication, or	sent for laboratory Also I certify that on the form to the	y testing, the contain the information profer nominated repres	ners were sealed vided on this form entative(s) of the	with tamper-evi- is correct and I requesting author	dent seals in my consent to the re	presence a elease of a	and that	
Donor/Guardian Signature						Date	24/02/2017	
COLLECTOR CERTIFICATION	N							
I certify that I witnessed the donor signal certification appears above, bears the sealed in accordance with the instruction.  Name of collector  Collector's Signature  Comments	Date of Colle	n this form was provided to me by the donor whose consent and nd that the oral fluid specimen has been collected, divided, labelled and  Date of Collection 24/02/2017  Time Of Collection 3:11:25 PM  Collection Site						
		TEST F	RESULTS					
Initial Testing Device/Method		Batch Number_		Expiry Date				
Control Response	Positive Cont	rol - OK?	YES/NO	Nega	tive Control -	Control - OK? YES/No		
Drug / Drug Class	ATS	Cocaine	Opiates	THC	Other/	/Specify	Other/Spec	
Nominates/Target Concentration (ng/mL)								
Initial Test Result								
Key: $N = Negative U = U$	nconfirmed, req	uiring confirmato	ry testing					
Analyst / Technician's Name				Signature				
NOTE: THIS ORIGINAL DOCUMENT SEALED INSIDE THE SPECIMEN BAC		ANY THE SPECIME	EN(S) WHEN DIS	PATCHED FOR	LABORATORY	TESTING	AND BE	
		CHAIN	-OF-CUSTOD	Y				
Received by (Print)					Intact			
·	-				S/NO		ES/NO	
					S/NO S/NO		ES/NO ES/NO	
					S/NO		ES/NO	