



Analytic Bio-Chemistries Inc.  
1680-D Loretta Ave.  
Feasterville, PA 19053

Tele (215) 322-9210  
Fax (215) 322-4226

FOR LAB USE ONLY  
DATE \_\_\_\_\_  
TIME \_\_\_\_\_  
RECEIVED BY \_\_\_\_\_

### CHAIN OF CUSTODY FORM

CLIENT: \_\_\_\_\_

URINE SPECIMEN \_\_\_\_\_ °F

SUBJECT: \_\_\_\_\_

TESTS: (check ONE test please)

REASONS FOR TESTING:

45-625F \_\_\_\_\_ CORE DRUGS: Amphetamine, methamphetamine, barbiturates, benzodiazepines, cannabinoids (quant), cocaine, codeine, methadone, morphine, 6-monoacetylmorphine, PCP (phencyclidine), propoxyphene.

\_\_\_\_ PREEMPLOYMENT  
\_\_\_\_ EMPLOYEE MONITORING  
\_\_\_\_ REASONABLE CAUSE  
\_\_\_\_ PERSONAL  
\_\_\_\_ OTHER \_\_\_\_\_

45-625K \_\_\_\_\_ CORE DRUGS plus ethanol (quant).

45-625M \_\_\_\_\_ CORE DRUGS plus ethanol (quant) and LSD screen.

SUBJECT ID \_\_\_\_\_

### CHAIN OF CUSTODY INFORMATION

A. I certify that this specimen being sent to the laboratory for drug screening is my specimen, that it was sealed and initialed in my presence and that the subject information is correct. I certify that I have not altered my specimen.

LIST MEDICATIONS: \_\_\_\_\_

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

B. I certify that the subject has freely provided the enclosed sample, and having sealed the specimen container, I certify that said container has not been tampered with or altered in any manner.

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

C. Name/Signature of person giving specimen to Courier \_\_\_\_\_

Name/Signature of Courier \_\_\_\_\_

Date/Time \_\_\_\_\_ Was specimen sealed?  yes  no

D. Name/Signature of Courier giving specimen to AB-C representative \_\_\_\_\_

Name/Signature of AB-C representative \_\_\_\_\_

Date/Time \_\_\_\_\_ Was the specimen sealed?  yes  no

### REPORT OF ANALYSIS

DATE OF REPORT \_\_\_\_\_

DRUGS TESTED

CONFIRMATIONS

COMMENTS

ANALYST \_\_\_\_\_

|       |       |       |
|-------|-------|-------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

ALL TESTING PERFORMED BY  
ANALYTIC BIO-CHEMISTRIES INC  
1680 D LORETTA AVENUE  
FEASTERVILLE PA 19053  
VOICE 215-322-9210  
FAX 215-322-4226

QUANTITATIVE ETHYL ALCOHOL \_\_\_\_\_ % wt./vol.

QUANTITATIVE MARIJUANA: \_\_\_\_\_ ng/mL

RESULT CALLED TO? \_\_\_\_\_ TIME \_\_\_\_\_ DATE \_\_\_\_\_

*Theodore J. Dick*

LABORATORY DIRECTOR