702

ETHANOL (ALCOHOL):

Blood (Oxalate/Fluoride Grey Top Vacutainer Tube)

PHYSICIANS LABORATORY SERVICES, INC.

I INCOLN -	- 7441 "O" ST	SLIITE 100 •	LINCOLN NE 68510	<ul> <li>(402) 488-7710</li> </ul>	FΔX (402) 488-694

REASON FOR TEST (Check One)  Pre-employment Random Post Accide Reasonable Cause Other (Specify):	ent Periodic Medical					
MI						
CHAIN OF CUSTODY  STEP 2 – To be completed by Collector (Urine Only)  READ TEMPERATURE WITHIN FOUR MINUTES OF COLLECTION: Check the box if temperature is within the specified range  90° - 100° F / 32° - 38° C or record temperature here						
STEP 3 – To be completed by Donor						
I hereby acknowledge that the specimen acc my own. Further, I attest that the sample was labeled with the number affixed below, and Identification number and initials on the tampe	sealed in my presence, that I have placed my					
	J					
Donor Signature						
STEP 4 – To be completed by the Collect	etor					
I hereby certify that the specimen identified on this form is the specimen presented to me by the DONOR identified in Step 3 above, and was collected, labeled and sealed in the DONOR'S presence.						
Collector Signature						
COLLECTION SITE						
( ) PHONE						
ADDRESS						
CITY STATE						
	ZIP					
STEP 5 – To be completed by Physicians L						
STEP 5 – To be completed by Physicians L When received in laboratory, specimen packag	aboratory Personnel					
When received in laboratory, specimen packag  ☐ ACCEPTABLE ☐ UNACCEPTABLE	aboratory Personnel					
When received in laboratory, specimen packag  ☐ ACCEPTABLE ☐ UNACCEPTABLE	aboratory Personnel e integrity was:  / VER'S INITIALS DATE the identification number ge was examined upon					
When received in laboratory, specimen packag  ACCEPTABLE UNACCEPTABLE  I certify that the specimen being tested bears the set forth above and that the specimen package receipt and the specimen was handled and a	aboratory Personnel e integrity was:  / VER'S INITIALS DATE the identification number ge was examined upon					
When received in laboratory, specimen packages ACCEPTABLE UNACCEPTABLE RECEIVED I certify that the specimen being tested bears the set forth above and that the specimen packate receipt and the specimen was handled and a with recognized laboratory standards.	aboratory Personnel e integrity was:  / VER'S INITIALS DATE ne identification number ge was examined upon analyzed in accordance					
When received in laboratory, specimen packages   ACCEPTABLE   UNACCEPTABLE   I certify that the specimen being tested bears to set forth above and that the specimen packar receipt and the specimen was handled and with recognized laboratory standards.	aboratory Personnel e integrity was:  / VER'S INITIALS DATE ne identification number ge was examined upon analyzed in accordance  (PLEASE PRINT)					

Specimen Discard Protocol: Negatives - 1 week; Positives: Medical - 2 months, Legals - 1 year

CLIA NO. 28D0652608