

## Locating Lab Account on a the Custody and Control Form

In the below examples, the lab account is encircled on the custody and control form printed by each of the laboratories used.

LABORATORY NAME	CUSTODY AND CONTROL FORM IMAGE
<b>ACL Laboratories</b>	<p><b>CHAIN OF CUSTODY FORM (NON REGULATED)</b></p> <p>LABORATORY ACCESSION NO. _____</p> <p>ACL laboratories 8901 W. Lincoln West Aisle, WI 53227-0901 414-328-7900 800-877-7016 FAX 414-328-7847</p> <p>SPECIMEN ID NO. 76919650</p> <p>STEP 1: COMPLETED BY COLLECTOR OR EMPLOYER REPRESENTATIVE</p> <p>Employer Name, Address and I.D. No. <b>Z333</b> B. MRO Name, Address, Phone and Fax No. _____ C. Company Name / ID _____</p> <p>PHONE: _____</p> <p>LOCATION ID: _____</p> <hr/> <p><b>FEDERAL DRUG TESTING CUSTODY AND CONTROL FORM</b></p> <p>LABORATORY ACCESSION NO. _____</p> <p>ACL laboratories 8901 W. Lincoln West Aisle, WI 53227-0901 414-328-7900 800-877-7016 FAX 414-328-7847</p> <p>SPECIMEN ID NO. 74276031</p> <p>STEP 1: COMPLETED BY COLLECTOR OR EMPLOYER REPRESENTATIVE</p> <p>A. Employer Name, Address and I.D. No. <b>4444/DOT</b> B. MRO Name, Address, Phone and Fax No. _____</p> <p>OMB NO. 0930-0158</p>
<b>Alere Toxicology Services, Inc.</b>	<p><b>NON-FEDERAL CUSTODY AND CONTROL FORM</b></p> <p>1062198108</p> <p>Alere Toxicology Services, Inc. 1111 Newton St., Gretna, LA 70053 (504) 361-8989 (800) 433-3623</p> <p>AIRBILL NUMBER _____</p> <p>SPECIMEN ID NUMBER 34658201</p> <p>STEP 1: COMPLETED BY COLLECTOR OR EMPLOYER REPRESENTATIVE</p> <p>A. Employer Name, Address and / or ID _____ B. MRO Name and Address _____</p> <p>Facility Number <b>1 2 3 4 5 6</b></p> <hr/> <p><b>FEDERAL DRUG TESTING CUSTODY AND CONTROL FORM</b></p> <p>5343111491</p> <p>Alere 1111 Newton Street, Gretna, LA 70053   Phone: 504-361-8989   Fax: 504-361-8208</p> <p>AIRBILL NUMBER _____</p> <p>LAB NUMBER _____</p> <p>SPECIMEN ID NUMBER 57520636</p> <p>A. Employer Name, Address, ID No. _____ B. MRO Name, Address, Phone No., and Fax No. _____</p> <p>Facility Number <b>1 2 3 4 5 6 7 8 9</b></p> <p>OMB NO. 0930-0158</p>
<b>Clinical Reference Laboratory</b>	<p><b>NON-FEDERAL DRUG TESTING FORM</b></p> <p>LAB ACCESSION NO. _____</p> <p>CLINICAL REFERENCE LABORATORY 6433 OLIVIRA • LENEXA, KANSAS 66215</p> <p>SPECIMEN ID NO. 0057242153</p> <p>STEP 1: COMPLETED BY COLLECTOR OR EMPLOYER REPRESENTATIVE</p> <p>A. Employer Name, Address, I.D. No. <b>AA9.AA9</b> B. MRO Name, Address, Phone and Fax No. MR00481 _____</p> <hr/> <p><b>FEDERAL DRUG TESTING CUSTODY AND CONTROL FORM</b></p> <p>SPECIMEN ID NO. 6401836771</p> <p>CLINICAL REFERENCE LABORATORY 6433 OLIVIRA • LENEXA, KANSAS 66215</p> <p>STEP 1: COMPLETED BY COLLECTOR OR EMPLOYER REPRESENTATIVE</p> <p>A. Employer Name, Address, I.D. No. <b>AA9.DOT</b> B. MRO Name, Address, Phone and Fax No. _____</p> <p>LAB ACCESSION NO. _____</p> <p>COMPANY NAME _____</p>

## Locating Lab Account on a the Custody and Control Form

In the below examples, the lab account is encircled on the custody and control form printed by each of the laboratories used.

<p><b>LabCorp</b></p>	<p style="text-align: center;">CHAIN OF CUSTODY FORM</p> <p>OTS - RTP LABCORP 1904 ALEXANDER DRIVE RTP, NC 27709 3000</p> <p style="text-align: center;">Customer Service: 800-833-3984</p> <p style="text-align: center;">SPECIMEN ID NO. 0852582640</p> <p style="text-align: right;">LAB ACCESSION NO. 0852582640</p> <p>STEP 1: TO BE COMPLETED BY COLLECTOR OR EMPLOYER REPRESENTATIVE</p> <p>A. Employer Name, Address and I.D. No. [REDACTED]</p> <p>B. MRO Name, Address, Phone and Fax No. 666666</p> <p>FAX: [REDACTED]</p> <hr/> <p><b>LabCorp</b> Laboratory Corporation of America Holdings  <input type="checkbox"/> 99 First Ave., Raritan, NJ 08869  <input type="checkbox"/> 1904 Alexander Dr., Research Triangle Park, NC 27709  <input type="checkbox"/> 1120 Main Street, Southaven, MS 38671  <input type="checkbox"/> 7207 North Gessner, Houston, TX 77040</p> <p style="text-align: center;">FEDERAL DRUG TESTING CUSTODY AND CONTROL FORM</p> <p style="text-align: right;">Printed: 09/10 3000</p> <p style="text-align: center;">Customer Svc: 800-833-3984</p> <p style="text-align: right;">LAB ACCESSION NO. 0044855823</p> <p style="text-align: center;">SPECIMEN ID NO. 0044855823</p> <p>STEP 1: COMPLETED BY COLLECTOR OR EMPLOYER REPRESENTATIVE</p> <p>A. Employer Name, Address and I.D. No. [REDACTED]</p> <p>B. MRO Name, Address, Phone and Fax No. 555555</p>
<p><b>MedTox Laboratories, Inc.</b></p>	<p style="text-align: center;">NON-REGULATED 5 PART DRUG TESTING CUSTODY AND CONTROL FORM</p> <p style="text-align: right;">Z10845285</p> <p><b>MEDTOX</b> LABORATORIES, INC. 402 W County Rd D St. Paul, MN 55112 (651) 636-7466 (800) 832-3244</p> <p>STEP 1: To be completed by COLLECTOR or EMPLOYER REPRESENTATIVE</p> <p>Account # 123456789</p> <p>A. Employer Name, Address, I.D. No. [REDACTED]</p> <p>B. MRO Name, Address, Phone and Fax No. [REDACTED]</p> <p>FAX: [REDACTED]</p> <hr/> <p><b>MEDTOX</b> LABORATORIES, INC. 402 W County Rd D St. Paul, MN 55112 (651) 636-7466 (800) 832-3244</p> <p style="text-align: center;">FEDERAL DRUG TESTING CUSTODY AND CONTROL FORM</p> <p style="text-align: right;">SPECIMEN ID NO. Y19162797</p> <p>STEP 1: COMPLETED BY COLLECTOR OR EMPLOYER REPRESENTATIVE</p> <p>A. Employer Name, Address, I.D. No. [REDACTED]</p> <p>B. MRO Name, Address, Phone and Fax No. [REDACTED]</p> <p>C. Donor SSN or Employee I.D. No. [REDACTED] 1234567</p>
<p><b>Quest Diagnostics</b></p>	<p style="text-align: center;">FORENSIC DRUG TESTING CUSTODY AND CONTROL FORM</p> <p style="text-align: right;">Quest Diagnostics 800-877-7484</p> <p style="text-align: center;">LAB ACCESSION NO.</p> <p>5561981 SPECIMEN ID NO.</p> <p>STEP 1: COMPLETED BY COLLECTOR OR EMPLOYER REPRESENTATIVE</p> <hr/> <p style="text-align: center;">FEDERAL DRUG TESTING CUSTODY AND CONTROL FORM</p> <p style="text-align: right;">Quest Diagnostics 800-877-7484</p> <p style="text-align: center;">LAB ACCESSION NO.</p> <p>8888888 7854175 SPECIMEN ID NO.</p> <p>STEP 1: COMPLETED BY COLLECTOR OR EMPLOYER REPRESENTATIVE</p>