

# FORENSIC NEWBORN DRUG TESTING CUSTODY AND CONTROL FORM

<b>USDTL<sup>®</sup></b> United States Drug Testing Laboratories, Inc. 1700 S. Mount Prospect Road   Des Plaines, IL   60018 Main: 847-375-0770   www.USDTL.com   Fax: 847-375-0775	CONTROL #  <b>4342001</b>
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FORM # NDS-001 (08/14)

<p style="text-align: center;"><b>PATIENT / DONOR</b></p> <p>Name (1) _____</p> <p>Last _____ First _____</p> <p>ID # (2) _____</p> <p>(3) _____</p>	<p style="text-align: center;"><b>CLIENT</b></p> <p style="text-align: center;"><b>THIS SECTION WILL CONTAIN PRE-PRINTED CLIENT/HOSPITAL INFORMATION</b></p> <p style="text-align: center;">PLEASE MAKE SURE ALL INFORMATION PRINTED IN THIS SECTION IS CORRECT PRIOR TO UTILIZING</p> <p style="text-align: right;">(5M)</p>
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<p> <input type="checkbox"/> Umbilical Cord                   <input type="checkbox"/> Meconium                   <input type="checkbox"/> Blood Spot                   <input type="checkbox"/> Hair                   <input type="checkbox"/> Urine                   <input type="checkbox"/> Other _____             </p> <p><b>TEST(S) REQUESTED (CHECK ALL THAT APPLY)</b></p> <p> <input type="checkbox"/> Default Panel: (4)                   <input type="checkbox"/> EtOH  <input type="checkbox"/> 5 Drug Panel  <input type="checkbox"/> 7 Drug Panel  <input type="checkbox"/> 9 Drug Panel  <input type="checkbox"/> 12 Drug Panel  <input type="checkbox"/> 19 Drug Panel  <input type="checkbox"/> Designer Stimulants  <input type="checkbox"/> Other _____             </p>	<p style="text-align: center;"><b>MECONIUM COLLECTIONS</b></p> <p>TO BE COMPLETED BY COLLECTOR(S)</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 80%;">SIGNATURE OF SPECIMEN COLLECTOR</th> <th style="width: 20%;">DATE / TIME</th> </tr> <tr> <td>5a</td> <td></td> </tr> <tr> <td>5b</td> <td></td> </tr> <tr> <td>5c</td> <td></td> </tr> <tr> <td>5d</td> <td></td> </tr> <tr> <td>5e</td> <td></td> </tr> <tr> <td>5f</td> <td></td> </tr> </table> <p style="text-align: center;">SPECIMEN CONTAINER SEALED BY _____ DATE / TIME _____</p> <p style="text-align: center;">(6M)</p>	SIGNATURE OF SPECIMEN COLLECTOR	DATE / TIME	5a		5b		5c		5d		5e		5f	
SIGNATURE OF SPECIMEN COLLECTOR	DATE / TIME														
5a															
5b															
5c															
5d															
5e															
5f															

<p><b>Collector/Processor Certification</b></p> <p>I certify that the specimen identified on this form has been collected/processed, labeled and/or sealed. I hereby release this specimen for transport to the sendouts section / USDTL.</p>	<p style="text-align: center;">(7)</p> <p>Printed Name _____</p> <p>X Signature _____</p> <p style="text-align: right;">Date / Time _____ AM / PM</p>
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<p><b>Sendouts Section Certification (Optional)</b></p> <p>I certify that the specimen received with this form was sealed in the appropriate container with the seal intact, and the identification number and/or name on this form matched that on the specimen, and the specimen was released for transport to USDTL for testing.</p>	<p style="text-align: center;">(8)</p> <p>Printed Name _____</p> <p>X Signature _____</p> <p style="text-align: right;">Date _____</p>
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<b>FOR USDTL USE ONLY (9)</b>	
<p><b>Laboratory Certification</b></p> <p>I certify that the specimen received with this form was sealed in the appropriate container with the seal intact, and the identification number and/or name on this form matches that on the specimen, and the specimen was transferred to temporary laboratory storage.</p>	<p>Printed USDTL Accessioner's Name _____</p> <p>X Signature of USDTL Accessioner _____</p> <p style="text-align: right;">Date _____</p>

(6M/6U)

 4342001 CONTROL NO.	A		USE TO SEAL SPECIMEN	<b>SPECIMEN SEAL</b>	Date (Mo. Day Yr.) _____ Sealed by _____	 4342001
 4342001 CONTROL NO.	B (SPLIT)		USE TO SEAL SPECIMEN	<b>SPECIMEN SEAL</b>	Date (Mo. Day Yr.) _____ Sealed by _____	 4342001