



CLINICAL REFERENCE LABORATORY  
8433 QUIVIRA • LENEXA, KANSAS 66215



SPECIMEN ID NO. 2057724008

STEP 1: COMPLETED BY COLLECTOR OR EMPLOYER REPRESENTATIVE

A. Employer Name, Address, I.D. No. B. MRO Name, Address, Phone and Fax No.

Mining Company  
234 Quarry Rd.  
Thunder Bay, ON  
POZ 2L4

Dr. Taylor  
CND MRO  
D-122 Commerce Park Dr.  
Barrie, ON L4N 8W8

C. Donor I.D. No. 6432-119-

Donor Name (F, MI, L)

PETER McDONAR

D. Reason for Test:  Pre-employment  Random  Return to Duty  Follow-up

Reasonable Suspicion/Cause  Post Accident  Other (specify)

E. Drug Tests to be Performed: 3501

F. Collection Site Name and Address:

Name: ACCULAB  
Address: D-122 Commerce Park Dr.  
City, St, Zip: Barrie, ON L4N 8W8

Collector Phone No. 866-599-1461

Collector Fax No. 705-782-3310

STEP 2: COMPLETED BY COLLECTOR

Read specimen temperature within 4 minutes. Is temperature between 90° and 100° F?  Yes  No, enter remark

Specimen Collection (CHECK ALL THAT APPLY)  
 Urine Split  Saliva  Observed (Enter Remark)  
 Urine Single  Blood

REMARKS:

STEP 3: Collector affixes container seal(s) to container(s). Collector dates seal(s). Donor initials seal(s). Donor completes STEP 4

STEP 4: COMPLETED BY DONOR

I certify that I provided my specimen to the collector; that I have not adulterated it in any manner; each specimen bottle used was sealed with a tamper-evident seal in my presence; and that the information provided on this form and on the label affixed to each specimen bottle is correct.

Date of Collection  
02/24/2019  
Mo. Day Year

(705) 476-9009  
Daytime Phone No.

*Peter McDonar*  
Signature of Donor

Date of Birth  
08/11/82  
Mo. Day Year

( ) -  
Evening Phone No.

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STEP 5: CHAIN OF CUSTODY - INITIATED BY COLLECTOR AND COMPLETED BY LABORATORY

I certify that the specimen given to me by the donor identified in the certification section in step 4 of this form was collected, labeled, sealed and released to the Delivery Service noted.

Time and Date of Collection  
*Pamela Tester*  
Signature of Collector  
01:42 AM PM  
02/24/2019  
Mo. Day Year

SPECIMEN CONTAINER(S) RELEASED TO:  
 Fed Ex  
 UPS  
 Courier  
 Other Parokator

RECEIVED AT LAB  
  
Signature of Accessioner  
(PRINT) Accessioner's Name (First, MI, Last)  
/ / 20  
Mo. Day Year

Primary Specimen Container Seal Intact  
 Yes  No, enter remarks below  
SPECIMEN CONTAINER(S) RELEASED TO:

STEP 6: COMPLETED BY MEDICAL REVIEW OFFICER - PRIMARY SPECIMEN

My determination/verification is:  
 Negative  Positive  Test Cancelled  Refusal To Test because:  
 Dilute  Adulterated  Substituted

REMARKS:  
*X*  
Signature of Medical Review Officer (PRINT) Medical Review Officer's Name (First, MI, Last) / / 20 Date (Mo./Day/Yr.)

STEP 7: COMPLETED BY MEDICAL REVIEW OFFICER - SPLIT SPECIMEN

My determination/verification for the split specimen (if tested) is:  
 RECONFIRMED  FAILED TO RECONFIRM - REASON

*X*  
Signature of Medical Review Officer (PRINT) Medical Review Officer's Name (First, MI, Last) / / 20 Date (Mo./Day/Yr.)

PRESS HARD - YOU ARE MAKING MULTIPLE COPIES

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