



[MRO letterhead, including name and address]

DATE:

Attn: Certifying Scientist
< Laboratory name and address >

RE: Split specimen request
Specimen ID # _____
Collection Date: MM/DD/YY
ID # _____

Please arrange for the testing of Bottle B from the above referenced specimen for <drug/metabolite>. Bottle B is to be sent to the following laboratory for the reconfirmation:

<Laboratory name>
<Address>

Lab B should send the results to our secure fax number, <fax number>. Billing for the split specimen analysis should be sent to account holder listed on the Custody and Control Form.

If you should have any questions, please call me at: <phone number>

Thank you,

<MRO's name>
Medical Review Officer