NEW JERSEY OFFICE OF THE CHIEF STATE MEDICAL EXAMINER
NJ STATE MEDICAL EXAMINER TOXICOLOGY LABORATORY
325 NORFOLK STREET, NEWARK, NJ 07103-2701
Phone: (973) 648-3915 Fax: (973) 648-3790
drug.testing@doh.nj.gov

FORENSIC URINE DRUG TESTING CUSTODY AND SUBMISSION FORM

AGENCY INFORMATION

AGENCY MUST COMPLETE ALL INFORMATION IN BLUE SHADED AREAS USING BLACK OR BLUE INK ONLY. PRESS HARD – YOU ARE MAKING MULTIPLE COPIES

Submitting Agency: _____ County: _____

Address: _____

Contact Person: _____ Phone: _____ Fax: _____

DONOR IDENTIFICATION

CONTROL No.

LEDT Donor ID (19 digits)		
Agency ORI Number	Donor DOB (mmddyy)	Donor Last 4 Digits of SSN
	Non-LEDT Donor ID (10 digits)	

000099286

TEST INFORMATION

Test Type: □ LEDT (Law Enforcement Drug Testing) □ non-LEDT (Workplace/School/Sport) □ Other _____
(check one box only)

Test Basis: □ Applicant □ Trainee □ Random □ Reasonable Suspicion □ Return to Duty □ Other _____
(check one box only)

Test Requested: □ 9 Drug Panel □ Anabolic Steroid (additional fee) □ Other (additional fee) _____

SPECIMEN COLLECTION

Read urine specimen temperature within 4 minutes. Is temperature between 90° and 100°F? □ Yes □ No

Enter Remarks _____

SPECIMEN CONTAINER AND MEDICATION SHEET SECURITY SEALS

Bottle A 000099286 — PLACE OVER CAP — __/__/____ Collection Date (mm/dd/yyyy) — Donor's Initials — Bottle A

Bottle B (SPLIT) 000099286 — PLACE OVER CAP — __/__/____ Collection Date (mm/dd/yyyy) — Donor's Initials — Bottle B (SPLIT)

SEALED MEDICATION SHEET 000099286

MONITOR/AGENCY ACKNOWLEDGEMENT

I certify that the specimen given to me by the donor identified above was collected, labeled, sealed, packaged, stored and released for delivery to the NJ State Medical Examiner Toxicology Laboratory in accordance with the NJ Attorney General's Law Enforcement Drug Testing Policy. The Submitting Agency hereby acknowledges that it maintains chain of custody documentation to ensure the integrity of each specimen. That documentation is maintained in a secure, designated area at our central office and is maintained by procedures designed to ensure confidentiality and individual privacy. Said documentation will be provided upon request.

_____ _____ _____
(PRINT) Monitor's Name (First, MI, Last) Monitor's Signature Collection Date

RECEIVED AT LAB

Print _____ Sign _____ Date _____

SEALED MEDICATION SHEETS
□ Received □ Not Received

SPECIMEN ACCEPTANCE
□ Accepted □ Not Accepted*

*Reason: _____

LABORATORY USE ONLY

AFFIX LAB ACCESSION # LABEL HERE