



Barcode & Specimen ID (LAB ONLY)

Collection Site Reference (optional):

Chain of Custody Form: To be Completed by Collector

Requesting Organization:

Collection Site:

Hair Test (check one): FAEE EtG 5-Panel Drug 9-Panel Drug OTHER: _____

Type of Specimen	Reason for Testing / Remarks
<p>ONE TYPE ONLY</p> <p><input type="checkbox"/> Head hair</p> <p><input type="checkbox"/> Body hair</p> <p>Type of Body Hair: _____</p>	<p>Has donor a history of excessive alcohol consumption? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Abstinent since? Date: ____ / ____ / ____</p> <p>Other Information: _____</p>

Type of Identification

Photo ID: _____

Letter from Attorney or Social Worker

Collection Details

Signature of collector:	(PRINT) Collector's name:	Time of collection:	Date of collection:
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Donor Details (PLEASE PRINT)

Surname: _____

First name: _____

Ethnicity: _____ Female: Male:

I confirm that I have provided the hair sample to the specimen collector. I have observed the specimen being placed and sealed in the appropriate sample collection kit. I confirm that the information on this form and the specimen collection labels are correct. I hereby give consent for the samples to be sent to the laboratory for testing for evidence of substance abuse. Furthermore, I understand that the results will be communicated confidentially to the instructing attorney, judge, or a designated representative.

Signature of donor:	Date of birth:	Contact phone number:
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Additional comment (please check box and provide additional details if required)

Are you taking any prescribed or non-prescribed medicine? **If YES please list:**

No Yes _____

Have you experienced recent drastic weight loss? **Amount lost and when:** _____

No Yes **Approx. weight of donor:** _____

Have you had extensive hair bleaching in the last 3 months?

No Yes

Do you have hair extensions? If YES what length of real hair is available at the root end (before the extensions begin)?

No Yes

Please list any hair products you use frequently: _____

Laboratory Details (For Testing Lab Only)

Received at Lab by:	Date received:
Seal intact? <input type="checkbox"/> No <input type="checkbox"/> Yes	Documentation checked: