

2010 Federal Custody and Control Form (CCF) Update

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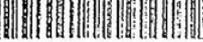
Drug Testing Team, Division of Workplace
Programs (DWP)

Center for Substance Abuse Prevention (CSAP),
Substance Abuse and Mental Health Services
Administration (SAMHSA)

History

- Mandatory Guidelines require the use of a Federal CCF
- Original CCF was a 7-part form
- In 2000, a joint effort initiated by SAMHSA and DOT developed a new CCF that was easier to use

Original
Federal
CCF
1988


F205816
A
LABORATORY ACCESSION NO

STEP 1: TO BE COMPLETED BY COLLECTOR OR EMPLOYER REPRESENTATIVE

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

C. Donor SSN or Employee I.D. No. _____

D. Reason for Test: Pre-employment Random Reasonable Suspicion/Cause Post Accident
 Return to Duty Follow-up Other (specify) _____

E. Tests to be Performed: THC, Cocaine, PCP, Opiates and Amphetamines
 Only THC and Cocaine OTHER (specify) _____

STEP 2: TO BE COMPLETED BY COLLECTOR - Specimen temperature must be read within 4 minutes of collection.

Specimen temperature within range: Yes, 90° - 100°F/32° - 38°C No, Record specimen temperature here _____

STEP 3: TO BE COMPLETED BY COLLECTOR AND DONOR - Collector affixes bottle seal(s) to bottle(s). Collector dates seal(s). Donor initials seal(s).

STEP 4: TO BE COMPLETED BY DONOR - Go to copy 4 (pink page); STEP 4

STEP 5: TO BE COMPLETED BY COLLECTOR

COLLECTION SITE LOCATION:

Collection Facility _____ Collector's Business Phone No. _____

Address _____ City _____ State _____ Zip _____

REMARKS: _____

I certify that the specimen identified on this form is the specimen presented to me by the donor providing the certification on Copy 4 of this form, that it bears the same specimen identification number as that set forth above, and that it has been collected, labeled and sealed as in accordance with applicable Federal requirements.

(PRINT) Collector's Name (First, Middle, Last) _____ Signature of Collector _____ Date (Mo./Day/Yr.) _____ Title _____

STEP 6: TO BE INITIATED BY THE COLLECTOR AND COMPLETED AS NECESSARY THEREAFTER

DATE MO. DAY YR.	SPECIMEN RELEASED BY	SPECIMEN RECEIVED BY	PURPOSE OF CHANGE
///	DONOR - NO SIGNATURE	Signature _____ Name _____	PROVIDE SPECIMEN FOR TESTING
///	Signature _____ Name _____	Signature _____ Name _____	
///	Signature _____ Name _____	Signature _____ Name _____	
///	Signature _____ Name _____	Signature _____ Name _____	

STEP 7: TO BE COMPLETED BY THE LABORATORY - Specimen Bottle Seal(s) Intact: YES NO, Explain in Remarks Below.

THE RESULTS FOR THE ABOVE IDENTIFIED SPECIMEN ARE IN ACCORDANCE WITH THE APPLICABLE INITIAL TEST AND CONFIRMATORY TEST CUTOFF LEVELS ESTABLISHED BY THE HHS MANDATORY GUIDELINES FOR FEDERAL WORKPLACE DRUG TESTING PROGRAMS

NEGATIVE POSITIVE, for the following: CANNABINOIDs as Carboxy-THC COCAINE METABOLITES as Benzoylgonine PHENYLPIPERIDINE

TEST NOT PERFORMED OPIATES: codeine morphine AMPHETAMINES: amphetamine methamphetamine OTHER _____

REMARKS: _____

TEST LAB (if different from above) _____ NAME _____ ADDRESS _____ PHONE NO. _____

I certify that the specimen identified by the laboratory accession number on this form is the same specimen that bears the specimen identification number set forth above, that the specimen has been examined upon receipt, handled and analyzed in accordance with applicable Federal requirements, and that the results set forth are for that specimen.

(PRINT) Certifying Scientist's Name (First, Middle, Last) _____ Signature of Certifying Scientist _____ Date (Mo./Day/Yr.) _____

STEP 8: TO BE COMPLETED BY THE MEDICAL REVIEW OFFICER

I have reviewed the laboratory results for the specimen identified by this form in accordance with applicable Federal requirements. My determination/verification is:

Negative Positive Test Not Performed Test Cancelled

REMARKS: _____

(PRINT) Medical Review Officer's Name (First, Middle, Last) _____ Signature of Medical Review Officer _____ Date (Mo./Day/Yr.) _____

COPY 1 - ORIGINAL - MUST ACCOMPANY SPECIMEN TO LABORATORY

SPECIMEN BOTTLE SEALS

F205816

B (SPUN)

SPECIMEN ID NO.

PLACE OVER CAP

DATE (Mo./Day/Yr.)

DONOR'S INITIALS

F205816

A

SPECIMEN ID NO.

PLACE OVER CAP

DATE (Mo./Day/Yr.)

DONOR'S INITIALS

SHIPPING CONTAINER SEAL

DATE (Mo./Day/Yr.)

Collector's Initials

OMB No. 9599-0023
Expiration Date: 6/30/97

History

- Some major changes to the original form were:
 - Reduced to a 5-part form
 - Moved the bottle seal labels
 - Simplified the chain of custody for the collector
 - Offered wider choice of “terms” that a laboratory can use to report specimen test results
 - Placed the Medical Review Officer (MRO) steps for both the primary and split specimens on the MRO copy

History

- CCF must be approved by Office of Management and Budget (OMB) and contain an OMB #
- CCF has a 3 year expiration date and must be renewed prior to the expiration date
- Current form expires in September 2009



SPECIMEN ID NO. 1234567

LAB ACCESSION NO.

STEP 1: COMPLETED BY COLLECTOR OR EMPLOYER REPRESENTATIVE

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

C. Donor SSN or Employee I.D. No. _____

D. Reason for Test: Pre-employment Random Reasonable Suspicion/Cause Post Accident
 Return to Duty Follow-up Other (specify) _____

E. Drug Tests to be Performed: THC, COC, PCP, OPI, AMP THC & COC Only Other (specify) _____

F. Collection Site Address: _____

Collector Phone No. _____

Collector Fax No. _____

STEP 2: COMPLETED BY COLLECTOR

Read specimen temperature within 4 minutes. Is temperature between 90° and 100° F? Yes No, Enter Remark _____

Specimen Collection: Split Single None Provided (Enter Remark) _____ Observed (Enter Remark) _____

REMARKS _____

STEP 3: Collector affixes bottle seal(s) to bottle(s). Collector dates seal(s). Donor initials seal(s). Donor completes STEP 5 on Copy 2 (MRO Copy)

STEP 4: 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 on Copy 2 of this form was collected, labeled, sealed and released to the Delivery Service noted in accordance with applicable Federal requirements.

Signature of Collector _____ AM _____ PM _____ Time of Collection
 (PRINT) Collector's Name (First, MI, Last) _____ Date (Mo./Day/Yr.) _____

SPECIMEN BOTTLE(S) RELEASED TO: _____
 Name of Delivery Service Transferring Specimen to Lab _____

RECEIVED AT LAB:

Signature of Accessioner _____
 (PRINT) Accessioner's Name (First, MI, Last) _____ Date (Mo./Day/Yr.) _____

Primary Specimen Bottle Seal Intact Yes No, Enter Remark Below _____

SPECIMEN BOTTLE(S) RELEASED TO: _____

STEP 5a: PRIMARY SPECIMEN TEST RESULTS - COMPLETED BY PRIMARY LABORATORY

NEGATIVE POSITIVE for: MARIJUANA METABOLITE CODEINE AMPHETAMINE ADULTERATED
 DILUTE COCAINE METABOLITE MORPHINE METHAMPHETAMINE SUBSTITUTED
 REJECTED FOR TESTING PCP 6-ACETYLMORPHINE INVALID RESULT

REMARKS _____

TEST LAB (if different from above)

I certify that the specimen identified on this form was examined upon receipt, handled using chain of custody procedures, analyzed, and reported in accordance with applicable Federal requirements.

Signature of Certifying Scientist _____ (PRINT) Certifying Scientist's Name (First, MI, Last) _____ Date (Mo./Day/Yr.) _____

STEP 5b: SPLIT SPECIMEN TEST RESULTS - (IF TESTED) COMPLETED BY SECONDARY LABORATORY

Laboratory Name _____ RECONFIRMED FAILED TO RECONFIRM - REASON _____
 I certify that the split specimen identified on this form was examined upon receipt, handled using chain of custody procedures, analyzed, and reported in accordance with applicable Federal requirements.

Laboratory Address _____ Signature of Certifying Scientist _____ (PRINT) Certifying Scientist's Name (First, MI, Last) _____ Date (Mo./Day/Yr.) _____

PEEL	 1234567 SPECIMEN ID NO.	A		1234567 SPECIMEN BOTTLE SEAL	Date (Mo. Day Yr.) _____ Donor's Initials _____
	 1234567 SPECIMEN ID NO.	B (SPLIT)		1234567 SPECIMEN BOTTLE SEAL	Date (Mo. Day Yr.) _____ Donor's Initials _____

Current
Federal
CCF
2000

OMB No. 0930-0156

PRESS HARD - YOU ARE MAKING MULTIPLE COPIES

Change for the sake of change is
generally not successful

Facts and Assumptions

- The 2010 Federal Custody and Control Form (CCF) will be used for urine specimen collections
- The 2010 CCF will be used by Federal agencies, Nuclear Regulatory Commission (NRC) and DOT employers in the regulated industries
- The 2010 CCF will be used by both NLCP HHS-certified Instrumented Initial Test Facilities (IITFs) and Laboratories

Facts and Assumptions

- Primary purposes of the CCF are:
 - For the collector and test facility to document the chain of custody of the primary and split specimens
 - For the test facility to report primary specimen test results to the MRO
 - For the MRO to report drug test results to the Federal Agency/employer
- CCF must also be able to document transfer of specimens from an IITF to a laboratory for testing

Facts and Assumptions

- It is desirable to use check boxes (same as current CCF) for reporting test results by the IITF or Laboratory
- Additional drugs must be added
 - (MDMA, MDA, MDEA)
 - Add boxes

In the Real Estate business,
the Mantra is
“Location, Location, Location”

Facts and Assumptions

- It may be difficult to report split results by the second (split) laboratory on Copy 1 of the CCF as is currently configured
 - It may be reasonable to move split specimen test (retest) results to MRO copy
 - In 2008, retests represented 0.07% of specimens tested or 3.7% of the reported positives
 - With Specimen Validity Testing and/or multiple drug results, “Remarks line comments” often lead to “see attached” for second laboratory results

Facts and Assumptions

- Overall, it is desirable to retain as much as possible the format and function of the current CCF
- CCF will have 5 copies (same as current CCF)
- There is a significant advantage to maintain the current 8.5" X 11" CCF size over 8.5" X 14"
- Keep bottle seal/labels on bottom of Copy 1-Test Facility



SPECIMEN ID NO. **000001**

STEP 1: COMPLETED BY COLLECTOR OR EMPLOYER REPRESENTATIVE ACCESSION NO.

A. Employer Name, Address, I.D. No.	B. MRO Name, Address, Phone No. and Fax No.
C. Donor SSN or Employee I.D. No. _____	
D. Specify Testing Authority: <input type="checkbox"/> HHS <input type="checkbox"/> NRC <input type="checkbox"/> DOT - Specify DOT Agency: <input type="checkbox"/> FMCSA <input type="checkbox"/> FAA <input type="checkbox"/> FRA <input type="checkbox"/> FTA <input type="checkbox"/> PHMSA <input type="checkbox"/> USCG	
E. Reason for Test: <input type="checkbox"/> Pre-employment <input type="checkbox"/> Random <input type="checkbox"/> Reasonable Suspicion/Cause <input type="checkbox"/> Post Accident <input type="checkbox"/> Return to Duty <input type="checkbox"/> Follow-up <input type="checkbox"/> Other (specify) _____	
F. Drug Tests to be Performed: <input type="checkbox"/> THC, COC, PCP, OPI, AMP <input type="checkbox"/> THC & COC Only <input type="checkbox"/> Other (specify) _____	
G. Collection Site Address: _____ <div style="text-align: right;"> Collector Phone No. _____ Collector Fax No. _____ </div>	

STEP 2: COMPLETED BY COLLECTOR (make remarks when appropriate) Collector reads specimen temperature within 4 minutes.

Temperature between 90° and 100° F? Yes No, Enter Remark _____ Collection: Split Single None Provided, Enter Remark _____ Observed, Enter Remark _____

REMARKS _____

STEP 3: Collector affixes bottle seal(s) to bottle(s). Collector dates seal(s). Donor initials seals(s). Donor completes STEP 5 on Copy 2 (MRO Copy)

STEP 4: CHAIN OF CUSTODY - INITIATED BY COLLECTOR AND COMPLETED BY TEST FACILITY

I certify that the specimen given to me by the donor identified in the certification section on Copy 2 of this form was collected, labeled, sealed and released to the Delivery Service noted in accordance with applicable Federal requirements.

X _____ Signature of Collector _____ (PRINT) Collector's Name (First, MI, Last)	_____ Date (Mo/Day/Yr)	_____ Time of Collection AM PM	SPECIMEN BOTTLE(S) RELEASED TO: _____ Name of Delivery Service
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RECEIVED AT IITF: X _____ Signature of Accessioner _____ (PRINT) Accessioner's Name (First, MI, Last)	IITF Name and Address (if not above): _____ Date (Mo/Day/Yr)	Primary Specimen Bottle Seal Intact <input type="checkbox"/> YES <input type="checkbox"/> NO If NO, Enter remark in Step 5A.	SPECIMEN BOTTLE(S) RELEASED TO: _____ Name of Delivery Service
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TRANSFER FROM IITF TO LAB. *I certify that the specimen identified on this form was handled using chain of custody procedures and resealed in accordance with applicable Federal requirements.*

X _____ Signature (PRINT) Name (First, MI, Last)	_____ Date (Mo/Day/Yr)	SPECIMEN BOTTLE(S) RELEASED TO: _____ Name of Delivery Service
---	---------------------------	--

RECEIVED AT LAB: X _____ Signature of Accessioner _____ (PRINT) Accessioner's Name (First, MI, Last)	_____ Date (Mo/Day/Yr)	SPECIMEN BOTTLE(S) RELEASED TO: _____ Name of Delivery Service
---	---------------------------	--

STEP 5A: PRIMARY SPECIMEN REPORT - COMPLETED BY TEST FACILITY

NEGATIVE DILUTE POSITIVE for: Marijuana Metabolite (Δ9-THCA) 6-Acetylmorphine Methamphetamine MDMA
 Cocaine Metabolite (BZE) Morphine Amphetamine MDA
 PCP Codeine MDEA

REJECTED ADULTERATED SUBSTITUTED INVALID RESULT

REMARKS: _____

Test Facility (if different from above): _____

I certify that the specimen identified on this form was examined upon receipt, handled using chain of custody procedures, analyzed, and reported in accordance with applicable Federal requirements.

X _____ Signature of Certifying Technician/Scientist	_____ (PRINT) Certifying Technician/Scientist's Name (First, MI, Last)	_____ Date (Mo/Day/Yr)
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STEP 5B: COMPLETED BY SPLIT TESTING LABORATORY

SPLIT SPECIMEN TESTED; SEE LABORATORY REPORT _____
 Split Testing Laboratory's Name (City, State)

 000001 SPECIMEN ID NO.	A	PLACE OVER CAP	000001 SPECIMEN BOTTLE SEAL	_____ Date (Mo/Day/Yr) _____ Donor's Initials
 000001 SPECIMEN ID NO.	B (SPLIT)	PLACE OVER CAP	000001 SPECIMEN BOTTLE SEAL	_____ Date (Mo/Day/Yr) _____ Donor's Initials

Draft
2010
Federal
CCF:

Copy 1
Test
Facility

Version C

OMB No. 0000

PRESS HARD - YOU ARE MAKING MULTIPLE COPIES

8/2008

FEDERAL DRUG TESTING CUSTODY AND CONTROL FORM



SPECIMEN ID NO. **0000001**

ACCESSION NO. _____

STEP 1: COMPLETED BY COLLECTOR OR EMPLOYER REPRESENTATIVE

A. Employer Name, Address, I.D. No.

B. MRO Name, Address, Phone No. and Fax No.

C. Donor SSN or Employee I.D. No. _____

D. Specify Testing Authority: HHS NRC DOT – Specify DOT Agency: FMCSA FAA FRA FTA PHMSA USCG

E. Reason for Test: Pre-employment Random Reasonable Suspicion/Cause Post Accident Return to Duty Follow-up Other (specify) _____

F. Drug Tests to be Performed: THC, COC, PCP, OPI, AMP THC & COC Only Other (specify) _____

G. Collection Site Address:

Collector Phone No. _____

Collector Fax No. _____

OMB No. 0000

Collector Fax No. _____

STEP 2: COMPLETED BY COLLECTOR (make remarks when appropriate) Collector reads specimen temperature within 4 minutes.

Temperature between 90° and 100° F? Yes No, Enter Remark Collection: Split Single None Provided, Enter Remark Observed, Enter Remark

REMARKS

STEP 3: Collector affixes bottle seal(s) to bottle(s). Collector dates seal(s). Donor initials seals(s). Donor completes STEP 5 on Copy 2 (MRO Copy)

STEP 4: CHAIN OF CUSTODY - INITIATED BY COLLECTOR AND COMPLETED BY TEST FACILITY

I certify that the specimen given to me by the donor identified in the certification section on Copy 2 of this form was collected, labeled, sealed and released to the Delivery Service noted in accordance with applicable Federal requirements.

X _____ Signature of Collector	AM	SPECIMEN BOTTLE(S) RELEASED TO: _____ Name of Delivery Service
	PM	
_____ (PRINT) Collector's Name (First, MI, Last)	_____/_____/_____ Date (Mo/Day/Yr)	_____ Time of Collection

PRESS HARD - YOU ARE

STEP 4: CHAIN OF CUSTODY - INITIATED BY COLLECTOR AND COMPLETED BY TEST FACILITY

I certify that the specimen given to me by the donor identified in the certification section on Copy 2 of this form was collected, labeled, sealed and released to the Delivery Service noted in accordance with applicable Federal requirements.

<p>X _____ Signature of Collector</p>			<p>AM PM</p>	<p>SPECIMEN BOTTLE(S) RELEASED TO:</p>	
<p>_____ (PRINT) Collector's Name (First, MI, Last)</p>	<p>_____/_____/_____ Date (Mo/Day/Yr)</p>	<p>_____ Time of Collection</p>	<p>_____ Name of Delivery Service</p>		
<p>RECEIVED AT IITF: X _____ Signature of Accessioner</p>	<p>_____ (PRINT) Accessioner's Name (First, MI, Last)</p>	<p>_____/_____/_____ Date (Mo/Day/Yr)</p>	<p>IITF Name and Address (if not above):</p>	<p>Primary Specimen Bottle Seal Intact <input type="checkbox"/> YES <input type="checkbox"/> NO If NO, Enter remark in Step 5A.</p>	<p>SPECIMEN BOTTLE(S) RELEASED TO:</p>
<p>TRANSFER FROM IITF TO LAB. <i>I certify that the specimen identified on this form was handled using chain of custody procedures and resealed in accordance with applicable Federal requirements.</i></p>			<p>SPECIMEN BOTTLE(S) RELEASED TO:</p>		
<p>X _____ Signature</p>			<p>_____ (PRINT) Name (First, MI, Last)</p>	<p>_____/_____/_____ Date (Mo/Day/Yr)</p>	<p>_____ Name of Delivery Service</p>
<p>RECEIVED AT LAB: X _____ Signature of Accessioner</p>			<p>_____ (PRINT) Accessioner's Name (First, MI, Last)</p>	<p>_____/_____/_____ Date (Mo/Day/Yr)</p>	<p>SPECIMEN BOTTLE(S) RELEASED TO:</p>
<p>_____ Signature of Accessioner</p>			<p>_____ (PRINT) Accessioner's Name (First, MI, Last)</p>	<p>_____/_____/_____ Date (Mo/Day/Yr)</p>	<p>Primary Specimen Bottle Seal Intact <input type="checkbox"/> YES <input type="checkbox"/> NO If NO, Enter remark in Step 5A.</p>

SPECIMEN ID NO. 0000001

STEP 1: COMPLETED BY COLLECTOR OR EMPLOYER REPRESENTATIVE ACCESSION NO.

A. Employer Name, Address, I.D. No.		B. MRO Name, Address, Phone No. and Fax No.	
C. Donor SSN or Employee I.D. No. _____			
D. Specify Testing Authority: <input type="checkbox"/> HHS <input type="checkbox"/> NRC <input type="checkbox"/> DOT - Specify DOT Agency: <input type="checkbox"/> FMCSA <input type="checkbox"/> FAA <input type="checkbox"/> FRA <input type="checkbox"/> FTA <input type="checkbox"/> PHMSA <input type="checkbox"/> USCG			
E. Reason for Test: <input type="checkbox"/> Pre-employment <input type="checkbox"/> Random <input type="checkbox"/> Reasonable Suspicion/Cause <input type="checkbox"/> Post Accident <input type="checkbox"/> Return to Duty <input type="checkbox"/> Follow-up <input type="checkbox"/> Other (specify) _____			
F. Drug Tests to be Performed: <input type="checkbox"/> THC, COC, PCP, OPI, AMP <input type="checkbox"/> THC & COC Only <input type="checkbox"/> Other (specify) _____			
G. Collection Site Address: _____			
		Collector Phone No. _____	
		Collector Fax No. _____	

STEP 2: COMPLETED BY COLLECTOR (make remarks when appropriate) Collector reads specimen temperature within 4 minutes.

Temperature between 90° and 100° F? Yes No, Enter Remark _____ Collection: Split Single None Provided, Enter Remark _____ Observed, Enter Remark _____

REMARKS _____

STEP 3: Collector affixes bottle seal(s) to bottle(s), Collector dates seal(s), Donor initials seal(s), Donor completes STEP 5 on Copy 2 (MRO Copy)

STEP 4: CHAIN OF CUSTODY - INITIATED BY COLLECTOR AND COMPLETED BY TEST FACILITY

I certify that the specimen given to me by the donor identified in the certification section on Copy 2 of this form was collected, labeled, sealed and released to the Delivery Service noted in accordance with applicable Federal requirements.

X _____ Signature of Collector _____ (PRINT) Collector's Name (First, MI, Last)	_____ Date (Mo/Day/Yr)	_____ Time of Collection AM PM	SPECIMEN BOTTLE(S) RELEASED TO:
			_____ Name of Delivery Service

STEP 5: COMPLETED BY DONOR

I certify that I provided my urine 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.

X _____
 Signature of Donor (PRINT) Donor's Name (First, MI, Last) _____ Date (Mo/Day/Yr) _____

Daytime Phone No. (_____) _____ Evening Phone No. (_____) _____ Date of Birth _____
 (Mo/Day/Yr)

After the Medical Review Officer receives the test results for the specimen identified by this form, he/she may contact you to ask about prescriptions and over-the-counter medications you may have taken. Therefore, you may want to make a list of those medications for your own records. THIS LIST IS NOT NECESSARY. If you choose to make a list, do so either on a separate piece of paper or on the back of your copy (Copy 5). - DO NOT PROVIDE THIS INFORMATION ON THE BACK OF ANY OTHER COPY OF THE FORM. TAKE COPY 5 WITH YOU.

STEP 6: COMPLETED BY MEDICAL REVIEW OFFICER - PRIMARY SPECIMEN

In accordance with applicable Federal requirements, my verification is:

NEGATIVE POSITIVE for: _____
 DILUTE

REFUSAL TO TEST because - check reason(s) below: TEST CANCELLED

ADULTERATED (adulterant/reason): _____
 SUBSTITUTED
 OTHER: _____

REMARKS: _____

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

STEP 7: COMPLETED BY MEDICAL REVIEW OFFICER - SPLIT SPECIMEN

In accordance with applicable Federal requirements, my verification for the split specimen (if tested) is:

RECONFIRMED for: _____ TEST CANCELLED

FAILED TO RECONFIRM for: _____

REMARKS: _____

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

Draft 2010
 Federal
 CCF:

 Copy 2
 MRO Copy

FEDERAL DRUG TESTING CUSTODY AND CONTROL FORM

SPECIMEN ID NO. **0000001**

STEP 1: COMPLETED BY COLLECTOR OR EMPLOYER REPRESENTATIVE

ACCESSION NO.

A. Employer Name, Address, I.D. No.

B. MRO Name, Address, Phone No. and Fax No.

C. Donor SSN or Employee I.D. No. _____

D. Specify Testing Authority: HHS NRC DOT – Specify DOT Agency: FMCSA FAA FRA FTA PHMSA USCG

E. Reason for Test: Pre-employment Random Reasonable Suspicion/Cause Post Accident Return to Duty Follow-up Other (specify) _____

F. Drug Tests to be Performed: THC, COC, PCP, OPI, AMP THC & COC Only Other (specify) _____

G. Collection Site Address:

Collector Phone No. _____

Collector Fax No. _____

STEP 2: COMPLETED BY COLLECTOR (make remarks when appropriate) Collector reads specimen temperature within 4 minutes.

Temperature between 90° and 100° F? Yes No, Enter Remark Collection: Split Single None Provided, Enter Remark Observed, Enter Remark

REMARKS

STEP 3: Collector affixes bottle seal(s) to bottle(s). Collector dates seal(s). Donor initials seals(s). Donor completes STEP 5 on Copy 2 (MRO Copy)

STEP 4: CHAIN OF CUSTODY - INITIATED BY COLLECTOR AND COMPLETED BY TEST FACILITY

I certify that the specimen given to me by the donor identified in the certification section on Copy 2 of this form was collected, labeled, sealed and released to the Delivery Service noted in accordance with applicable Federal requirements.

<p>X _____ Signature of Collector</p> <p>_____ (PRINT) Collector's Name (First, MI, Last)</p>	<p>AM PM</p>	<p>SPECIMEN BOTTLE(S) RELEASED TO:</p> <p>_____</p> <p>Name of Delivery Service</p>
<p>_____/_____/_____ Date (Mo/Day/Yr)</p>	<p>_____ Time of Collection</p>	

OMB No. 0000

STEP 5: COMPLETED BY DONOR

I certify that I provided my urine 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.

X _____ /_____/_____
Signature of Donor (PRINT) Donor's Name (First, MI, Last) Date (Mo/Day/Yr)

Daytime Phone No. (_____) _____ Evening Phone No. (_____) _____ Date of Birth ____/____/_____
(Mo/Day/Yr)

After the Medical Review Officer receives the test results for the specimen identified by this form, he/she may contact you to ask about prescriptions and over-the-counter medications you may have taken. Therefore, you may want to make a list of those medications for your own records. THIS LIST IS NOT NECESSARY. If you choose to make a list, do so either on a separate piece of paper or on the back of your copy (Copy 5). – DO NOT PROVIDE THIS INFORMATION ON THE BACK OF ANY OTHER COPY OF THE FORM. TAKE COPY 5 WITH YOU.

Draft Federal CCF 2010:

Back of Copy 5 Donor Copy

Instructions for Completing the Federal Drug Testing Custody and Control Form

When making entries use black or blue ink pen and press firmly

Collector ensures that the name and address of the HHS-certified Instrumented Initial Test Facility (IITF) or HHS-certified laboratory are on the top of the CCF and that the Specimen I.D. number on the top of the CCF matches the Specimen I.D. number on the labels/seals.

STEP 1:

- Collector ensures the required information is in STEP 1. Collector enters a remark in STEP 2 if Donor refuses to provide his/her SSN or Employee I.D. number.
- Collector gives collection container to Donor and instructs Donor to provide a specimen. Collector notes any unusual behavior or appearance of Donor in the remarks line in STEP 2. If Donor conduct at any time during the collection process clearly indicates an attempt to tamper with the specimen, Collector notes the conduct in the remarks line in STEP 2 and takes action as required.

STEP 2:

- Collector checks specimen temperature within 4 minutes after receiving it from Donor, and marks the appropriate temperature box in STEP 2. If temperature is outside the acceptable range, Collector enters a remark in STEP 2 and takes action as required.
- Collector inspects the specimen and notes any unusual findings in the remarks line in STEP 2 and takes action as required. Any specimen with unusual physical characteristics (e.g. unusual color, presence of foreign objects or material, unusual odor) cannot be sent to an IITF and must be sent to an HHS-certified laboratory for testing as required.
- Collector determines the volume of specimen in the collection container. If the volume is acceptable, Collector proceeds with the collection. If the volume is less than required by the Federal Agency, Collector takes action as required, and enters remarks in STEP 2. If no specimen is collected by the end of the collection process, Collector checks the *None Provided* box, enters a remark in STEP 2, discards Copy 1 and distributes remaining copies as required.
- Collector checks the Split or Single specimen collection box. If the collection is observed, Collector checks the Observed box and enters a remark in STEP 2.

STEP 3:

- Donor watches Collector pour the specimen from the collection container into the specimen bottle(s), place the cap(s) on the specimen bottle(s), and affix the label(s)/seal(s) on the specimen bottle(s).
- Collector dates the specimen bottle label(s) after placement on the specimen bottle(s).
- Donor initials the specimen bottle label(s) after placement on the specimen bottle(s).
- Collector turns to Copy 2 (Medical Review Officer Copy) and instructs Donor to read and complete the certification statement in STEP 5 (signature, printed name, date, phone numbers, and date of birth). If Donor refuses to sign the certification statement, Collector enters a remark in STEP 2 on Copy 1.

STEP 4:

- Collector completes STEP 4 on Copy 1 (signature, printed name, date, time of collection, and name of delivery service), places the sealed specimen bottle(s) and Copy 1 of the CCF in a leak-proof plastic bag, seals the bag, prepares the specimen package for shipment, and distributes the remaining CCF copies as required.

Privacy Act Statement: (For Federal Employees Only)

Submission of the information on the attached form is voluntary. However, incomplete submission of the information, refusal to provide a urine specimen, or substitution or adulteration of a specimen may result in delay or denial of your application for employment/appointment or may result in removal from the Federal service or other disciplinary action.

The authority for obtaining the urine specimen and identifying information contained herein is Executive Order 12564 ("Drug-Free Federal Workplace"), 5 U.S.C. Sec. 3301 (2), 5 U.S.C. Sec. 7301, and Section 503 of Public Law 100-71, 5 U.S.C. Sec. 7301 note. Under provisions of Executive Order 12564 and 5 U.S.C. 7301, test results may only be disclosed to agency officials on a need-to-know basis. This may include the agency Medical Review Officer (MRO), the administrator of the Employee Assistance Program, and a supervisor with authority to take adverse personnel action. This information may also be disclosed to a court where necessary to defend against a challenge to an adverse personnel action.

Submission of your SSN is not required by law and is voluntary. Your refusal to furnish your number will not result in the denial of any right, benefit, or privilege provided by law. Your SSN is solicited, pursuant to Executive Order 9397, for purposes of associating information in agency files relating to you and for purposes of identifying the specimen provided for testing. If you refuse to indicate your SSN, a substitute number or other identifier will be assigned, as required, to process the specimen.

Public Burden Statement:

An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. The OMB control number for this project is 0930-0158. Public reporting burden for this collection of information is estimated to average: 5 minutes/donor; 4 minutes/collector; 3 minutes/test facility; and 3 minutes/Medical Review Officer. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to SAMHSA Reports Clearance Officer, 1 Choke Cherry Road, Room 7-1044, Rockville, Maryland, 20857.

CCF Instructions

- When making entries use black or blue ink pen and press firmly
- Collector ensures that the name and address of the HHS-certified Instrumented Initial Test Facility (IITF) or HHS-certified laboratory are on the top of the CCF and the Specimen I.D. number on the top of the CCF matches the Specimen I.D. number on the labels/seals.

CCF Instructions

- **STEP 1:**
 - Collector ensures that the required information is in STEP 1. Collector enters a remark in STEP 2 if Donor refuses to provide his/her SSN or Employee I.D. number.
 - Collector gives collection container to Donor and instructs Donor to provide a specimen. Collector notes any unusual behavior or appearance of Donor in the remarks line in STEP 2. If Donor conduct at any time during the collection process clearly indicates an attempt to tamper with the specimen, Collector notes the conduct in the remarks line in STEP 2 and takes action as required.

CCF Instructions

- STEP 2:
 - Collector checks specimen temperature within 4 minutes after receiving the specimen from Donor, and marks the appropriate temperature box in STEP 2. If the temperature is outside the acceptable range, Collector enters a remark in STEP 2 and takes action as required.
 - Collector inspects the specimen and notes any unusual findings in the remarks line in STEP 2 and takes action as required.. Any specimen with unusual physical characteristics (e.g., unusual color, presence of foreign objects or material, unusual odor) cannot be sent to an IITF and must be sent to an HHS-certified laboratory for testing, as required.
 - Collector determines the volume of specimen in the collection container. If the volume is acceptable, Collector proceeds with the collection. If the volume is less than required by the Federal Agency, Collector takes action as required, and enters remarks in STEP 2. If no specimen is collected by the end of the collection process, Collector checks the *None Provided* box, enters a remark in STEP 2, discards Copy 1 and distributes remaining copies as required.
 - Collector checks the Split or Single specimen collection box. If the collection is observed, Collector checks the Observed box and enters a remark in STEP 2.

CCF Instructions

- **STEP 3:**
 - Donor watches Collector pour the specimen from the collection container into the specimen bottle(s), place the cap(s) on the specimen bottle(s), and affix the label(s)/seal(s) on the specimen bottle(s).
 - Collector dates the specimen bottle label(s) after placement on the specimen bottle(s).
 - Donor initials the specimen bottle label(s) after placement on the specimen bottle(s).
 - Collector turns to Copy 2 (Medical Review Officer Copy) and instructs the Donor to read and complete the certification statement in STEP 5 (signature, printed name, date, phone numbers, and date of birth). If Donor refuses to sign the certification statement, Collector enters a remark in STEP 2 on Copy 1.

CCF Instructions

- **STEP 4:**
 - Collector completes STEP 4 on Copy 1 (signature, printed name, date, time of collection, and name of delivery service), places the sealed specimen bottle(s) and Copy 1 in a leak-proof plastic bag, seals the bag, prepares the specimen package for shipment, and distributes the remaining CCF copies as required.

Privacy Act Statement

- Privacy Act Statement: (For Federal Employees Only)
 - Submission of the information on the attached form is voluntary. However, incomplete submission of the information, refusal to provide a urine specimen, or substitution or adulteration of a specimen may result in delay or denial of your application for employment/appointment or may result in removal from the Federal service or other disciplinary action.
 - The authority for obtaining the urine specimen and identifying information contained herein is Executive Order 12564 (“Drug-Free Federal Workplace”), 5 U.S.C. Sec. 3301 (2), 5 U.S.C. Sec. 7301, and Section 503 of Public Law 100-71, 5 U.S.C. Sec. 7301 note. Under provisions of Executive Order 12564 and 5 U.S.C. 7301, test results may only be disclosed to agency officials on a need-to-know basis. This may include the agency Medical Review Officer (MRO), the administrator of the Employee Assistance Program, and a supervisor with authority to take adverse personnel action. This information may also be disclosed to a court where necessary to defend against a challenge to an adverse personnel action.
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2010 Federal (CCF) : Next Steps

- Notice in the Federal Register
- Public comment period
- Evaluation of public comments
- Final form format
- Submission to OMB for clearance
- Anticipated implementation on May 1, 2010