



**DRUGS OF ABUSE TESTING LABORATORY, INC.**

2626 S. Sheridan Road, Suite 500  
P.O. Box 35200  
Tulsa, Oklahoma 74153  
(918) 664-3285

**PRE-TEST INFORMATION FORM**

Name (LAST, FIRST, MIDDLE) \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_ City & State \_\_\_\_\_ Zip \_\_\_\_\_

Phone Number (DAYTIME) ( \_\_\_\_\_ ) Phone Number (EVENING) ( \_\_\_\_\_ )

Drivers License # \_\_\_\_\_ Social Security # \_\_\_\_\_ Other I.D. # \_\_\_\_\_

Have you taken (oral, injection, suppository, nasal, etc.) any prescription medication in the last four (4) weeks?  YES  NO  
If yes, please print the name of medication, date & time taken, name and telephone number of physician prescribing the medication.

Have you taken (oral, injection, suppository, nasal, etc.) any non-prescription (over the counter) medication in the last two (2) weeks?  YES  NO  
If yes, please print name of medication, date & time last taken:

Comments you wish to make that may affect the outcome of the test:

Signature \_\_\_\_\_ Date \_\_\_\_\_

**CHAIN OF CUSTODY FORM - Toxicology Analysis**

Donor's Name \_\_\_\_\_

(PHOTO IDENTIFICATION)

Collection Site \_\_\_\_\_

Temperature of urine must be read within four (4) minutes. Temperature of urine (must be 90.5-99.8°F/32.5-37.7°C or recollect specimen)

Date & Time Voided \_\_\_\_\_

Unusual Findings/Comments \_\_\_\_\_

**TESTS REQUESTED:**

1) \_\_\_\_\_

**6-20**

2) \_\_\_\_\_

**SPECIMEN COLLECTED BY:**

Name \_\_\_\_\_

Signature \_\_\_\_\_

Date/Time \_\_\_\_\_

Client \_\_\_\_\_

Client No. \_\_\_\_\_

Employer/Agency/Individual **Lincoln Christian School**

Address **1003 N. 129<sup>th</sup> E. Ave.**

City & State **Tulsa, OK** Zip **74116**

Phone Number ( \_\_\_\_\_ ) **234-8863**

**REASON FOR TEST (Check One):**

- Pre-Employment
- Random
- Post Accident
- Periodic Medical
- Reasonable Cause
- Other \_\_\_\_\_

3) \_\_\_\_\_

4) \_\_\_\_\_

**SPECIMEN RECEIVED BY:**

Name \_\_\_\_\_

Signature \_\_\_\_\_

Date/Time \_\_\_\_\_

Comments On Condition of Specimen When Received \_\_\_\_\_

**CERTIFICATION STATEMENT**

This is to certify that the urine in the specimen container, labeled with my name and/or identification number, came from my body at the stated time of collection; that the information provided on this form and on the label affixed to the specimen bottle is correct; that the specimen bottle was sealed with a tamper-proof seal in my presence; that I voluntarily have consented to this process and authorize the release of the results to the employer, agency, or individual whose name appears on this form.

Signature \_\_\_\_\_ Date \_\_\_\_\_