

Collector's certification statement – Information recovery

Specimen ID#:

URGENT: MUST BE COMPLETED AND RETURNED IMMEDIATELY

This collector's certification statement is provided to resolve correctable errors on the drug testing Custody and Control Form (CCF).

Please complete/correct the information indicated below and sign/date where indicated

*The **Federal Drug Testing Custody and Control Form**, OMB control number 0930-0158, required under the Health and Human Services Mandatory Guidelines for Federal Workplace Drug Testing Programs published August 08, 2017 **was not used for this collection** because the donor/client did not have the form. The incorrect form contains all the information needed for a valid DOT or HHS drug test. We have advised Quest Diagnostics that new requisition forms are needed for this client. Quest Diagnostics has informed us that these forms have been or are being shipped to the appropriate location and advised us to discard all old forms.

***These discrepancies need verification as being true. These may be verified by the collection site supervisor in the absence of the original collector in limited circumstances (e.g., collector no longer employed at the collection site or long-term absence of the collector).**

NOTE: If you are not the original collector, please sign and add your title as supervisor or manager after your name

.....
Authorized person/collector's printed name

.....
Authorized person/collector's signature

.....
Date