COLLECTOR MEMORANDUM FOR THE RECORD

Date of Collection: _____ Time: _____ Collector: _____

Collection Site Name: _____

☐ Drug Test Collection ☐ Alcohol Test (check the type that applies)

Phone: _____ Fax: _____

Email: _____ Laboratory: _____

Collection Site Address: _____

Specimen ID No: _____ Donor ID No. _____

If FMCSA, Driver's License Number and Issuing State: _____

Pursuant to 49 CFR Part, this will serve as the official "Memorandum for the Record" to correct the following incident(s), omission(s), and/or error(s) occurred during the collection process for the above referenced specimen.

Check the situation that applies:
☐ Shy Bladder ☐ Refusal ☐ Adulterant Found

☐ Other (please explain): _____

Collector Notes:

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I certify that the specimen identified on this form is the specimen presented to me by the donor, that it bears the same specimen identification number as above, and that it has been collected, labeled, and sealed in accordance with applicable procedures outlined under the Health and Human Services (HHS) and Substance Abuse and Mental Health Services Administration (SAMSHA) guidelines. I further certify that I released the specimen to the courier for shipment to the laboratory. Please process the above referenced specimen to satisfy the noted deficiency.

_____ _____ _____
Collector Signature Printed Name Date

NOTE: Send/FAX to the laboratory, send a copy to the MRO and Employer. Retain one copy and attach to the collector copy of the CCF for your files.
Reminder – Do NOT send donor details to the laboratory.