



10124584

4946271

SPECIMEN ID NO.

**STEP 1: COMPLETED BY COLLECTOR OR EMPLOYER REPRESENTATIVE**

LAB ACCESSION NO.

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

ROY SALMON TRUCKING  
ROY SALMON  
9737 EUSTICE ROAD  
RANDALLSTOWN MD 21133  
PH: 443-629-4648 FAX: --

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

FREDERICK J POPE, MD, MRO  
FOLEY MRO SERVICES  
140 HUYSHOPE AVE  
HARTFORD CT 06106  
PH: 860-815-0825 FAX: 860-920-5260

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

21853 4280

**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)

45304N DOT DRUG PANEL W/T/S

**G. Collection Site Name:**

Address: 9101 Pulaski Hwy Suite  
City, State and Zip: Baltimore MD 21227

**Collection Site Code:**

BB157

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

**SPECIMEN BOTTLE(S) RELEASED TO:**☒ Quest Diagnostics Courier☐ FedEx☐ Other

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:☐ ADULTERATED (adulterant/reason):☐ SUBSTITUTED☐ OTHER☐ TEST CANCELLED

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 split specimen (if tested) is:

☐ RECONFIRMED for:☐ FAILED TO RECONFIRM for:☐ TEST CANCELLED

REMARKS:

X

Signature of Medical Review Officer

(PRINT) Medical Review Officer's Name (First, MI, Last)

Date (Mo./Day/Yr.)