

Wakefield Community Schools Random Drug Screens

<b>Step 1: To be completed by COLLECTOR or EMPLOYER REPRESENTATIVE</b>		
A. Employer Name, Address, I.D. No. Wakefield Community Schools 409 Main St Wakefield, NE 68784 402-287-2012	B. Donor SSN or I.D. <u>1079</u>	
C. Reason for Test <input checked="" type="checkbox"/> Random <input type="checkbox"/> Reasonable Suspicion <input type="checkbox"/> Other		
D. Collection Site Name 16564 Wayne Family Medicine 615 East 4th St. Wayne, NE 68784 402-375-2500 402-375-2463 (fax)		
<b>Step 2: Completed by COLLECTOR</b> Read specimen temperature within 4 minutes. Is temperature between 90° and 100°F? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	Specimen Collection: <input type="checkbox"/> Split <input checked="" type="checkbox"/> Single <input type="checkbox"/> None Provided (Enter Remark)	
REMARKS		
<b>Step 3: Collector affixes bottle seal(s) to bottle(s). Donor initials seal(s). Donor completes Step 5.</b>		
<b>Step 4: Initiated by Collector</b> I certify that the specimen given to me by the donor identified in the certification section of this form was collected, labeled, sealed and released to the Deliver Services noted in accordance with applicable requirements.		
X <u>[Signature]</u> Signature of Collector	Time of Collection <u>9:40</u> AM <input type="checkbox"/> PM	
<u>[Name]</u> (PRINT)Collector's Name	Date <u>12-10-15</u>	
<b>Step 5: Completed by Donor</b> I certify that I provided my urine specimen to the collector; that I have not adulterated it in any manner; each specimen <i>bottle</i> 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 <u>[Signature]</u> Signature of Donor	<u>[Name]</u> (PRINT) Donor's Name	<u>12, 10, 15</u> Date

Lot # 649  
Exp 6-30-17

Neg