

Samples of properly completed CCF sections (using 2020-21 CCF version):


This document contains samples of the following:

1. Uneventful collection. Steps 1-4 on Copy 1, properly completed.
2. Step 5, Copy 2 (MRO Copy): Donor Certification Statement properly completed.
3. Sample Remarks – No photo ID for self-employed driver.
4. Sample Remarks on CCF for temperature out of range specimen and 2nd collection conducted under direct observation documentation.
5. Sample Remarks/Step 2 documentation – QNS (insufficient specimen throughout the 3-hour period)
6. Remarks Sample – Donor declining to initial specimen bottles and fill out/sign Step 5 on Copy 2 of CCF.
7. Documenting Questionable Specimens



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1. Uneventful collection. Steps 1-4 on Copy 1, properly completed example:

FEDERAL DRUG TESTING CUSTODY AND CONTROL FORM			
		SPECIMEN ID NO. 0000001	ACCESSION NO.
STEP 1: COMPLETED BY COLLECTOR OR EMPLOYER REPRESENTATIVE			SAMPLE
A. Employer Name, Address, I.D. No. Sunshine Trucking Co., Attn: Marcus Smith 1234 Main Street Bright City, FL 33703 Ph: 727-555-1212 Fax: 727-555-5641		B. MRO Name, Address, Phone No. and Fax No. Dr. George Clooney, MD 9876 Professional Place Orlando, FL 34567 Ph: 407-555-2345 Fax: 407-555-0011	
C. Donor SSN, Employee I.D., or CDL State and No. 987654321-FL			
D. Specify Testing Authority: <input type="checkbox"/> HHS <input type="checkbox"/> NRC Specify DOT Agency: <input checked="" type="checkbox"/> FMCSA <input type="checkbox"/> FAA <input type="checkbox"/> FRA <input type="checkbox"/> FTA <input type="checkbox"/> PHMSA <input type="checkbox"/> USCG			
E. Reason for Test: <input type="checkbox"/> Pre-employment <input checked="" type="checkbox"/> Random <input type="checkbox"/> Reasonable Suspicion/Cause <input type="checkbox"/> Post Accident <input type="checkbox"/> Return to Duty <input type="checkbox"/> Follow-up <input type="checkbox"/> Other (specify) _____			
F. Drug Tests to be Performed: <input checked="" type="checkbox"/> THC, COC, PCP, OPI, AMP <input type="checkbox"/> THC & COC Only <input type="checkbox"/> Other (specify) _____			
G. Collection Site Address: ABC-Best Testing Service 5472- - 15 th Avenue North Bright City, FL 33704		Collector Contact Info: Phone 727-555-9012 Fax 727-555-9013 Other Email: Susiecollector@nunyuz.com	
STEP 2: COMPLETED BY COLLECTOR (make remarks when appropriate).		<input checked="" type="checkbox"/> URINE <input type="checkbox"/> ORAL FLUID	
COLLECTION: <input checked="" type="checkbox"/> Split <input type="checkbox"/> Single <input type="checkbox"/> None Provided, Enter Remark.			
URINE: Collector reads urine temperature within 4 minutes. Temperature between 90° and 100° F? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No, Enter Remark <input type="checkbox"/> Observed, Enter Remark			
ORAL FLUID: Split Type: <input type="checkbox"/> Serial <input type="checkbox"/> Concurrent <input type="checkbox"/> Subdivided Each Device Within Expiration Date? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Volume Indicator(s) Observed			
REMARKS:			
STEP 3: Collector affixes seal(s) to bottle(s)/tube(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.		SPECIMEN BOTTLE(S)/TUBE(S) RELEASED TO:	
X <u>Susan B. Collector</u> <small>Signature of Collector</small>		<u>Fed Ex</u> <small>Name of Delivery Service</small>	
<u>Susan B. Collector</u> <small>(PRINT) Collector's Name (First, MI, Last)</small>		<u>06/12/2021 3:25 PM</u> <small>Date (Mo/Day/Yr) Time of Collection</small>	
RECEIVED AT LAB OR IITF:		Primary Specimen SPECIMEN BOTTLE(S)/TUBE(S)	

OMB No. 0930-0198
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2. Step 5, Copy 2 (MRO Copy): Donor Certification Statement:

STEP 5: COMPLETED BY DONOR			
<i>I certify that I provided my specimen to the collector; that I have not adulterated it in any manner; each specimen bottle/tube 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/tube is correct.</i>			
X	<i>Merlin B. Jones</i> Signature of Donor	Merlin B. Jones (PRINT) Donor's Name (First, MI, Last)	09/9/2021 Date (Mo/Day/Yr)
Email address: <u>Mjones@nunya.com</u>		Daytime Phone No. <u>213-555-1023</u>	Evening Phone No. <u>213-555-2345</u> Date of Birth <u>10/29/72</u> (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.			

If the donor does not have an email address, it is suggested that the Collector write “none” or “no email” in “Email Address” section.

3. Sample Remarks – No photo ID for self-employed driver:

If the Signatures on the 2 pieces of ID the donor provides matches the signature the donor signs on the CCF, you will Remark:

REMARKS: <i>Donor did not have photo ID. Signature I.D. Confirmed (S.S. Card & credit card)</i>
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... Or, if the Signatures on the 2 pieces of ID the donor provides do NOT match the signature the donor signs on the CCF, you will Remark:

REMARKS: <i>No photo I.D. – Signature ID UNCONFIRMED</i>

4. Sample Remarks on CCF for temperature out of range specimen and 2nd collection conducted under direct observation documentation. (Note: A *tampered specimen* is documented very similar to this, except the collector notates in Remarks what is wrong with the specimen, such as “blue specimen...”)

FEDERAL DRUG TESTING CUSTODY AND CONTROL FORM



SPECIMEN ID NO. **0000001** ACCESSION NO.

STEP 1: COMPLETED BY COLLECTOR OR EMPLOYER REPRESENTATIVE

<p>A. Employer Name, Address, I.D. No. Happy-Sunshine Trucking Co. 123 Mainy Street, bldg F Happytown, FL 32198 Ph: 555-123-4567 Fax:555-123-9876</p>	<p>B. MRO Name, Address, Phone No. and Fax No. Dr. Ben Casey, MD 9999 Professional Blvd, Suite 9X Orlando, FL 33445 Ph: 555-223-7654 Fax: 555-223-3430</p>
<p>C. Donor SSN, Employee I.D., or CDL State and No. <u>987654321-FL</u></p>	
<p>D. Specify Testing Authority: <input type="checkbox"/> HHS <input type="checkbox"/> NRC Specify DOT Agency: <input checked="" type="checkbox"/> FMCSA <input type="checkbox"/> FAA <input type="checkbox"/> FRA <input type="checkbox"/> FTA <input type="checkbox"/> PHMSA <input type="checkbox"/> USCG</p>	
<p>E. Reason for Test: <input type="checkbox"/> Pre-employment <input checked="" type="checkbox"/> Random <input type="checkbox"/> Reasonable Suspicion/Cause <input type="checkbox"/> Post Accident <input type="checkbox"/> Return to Duty <input type="checkbox"/> Follow-up <input type="checkbox"/> Other (specify) _____</p>	
<p>F. Drug Tests to be Performed: <input checked="" type="checkbox"/> THC, COC, PCP, OPI, AMP <input type="checkbox"/> THC & COC Only <input type="checkbox"/> Other (specify) _____</p>	
<p>G. Collection Site Address: Collector Contact Info: Phone <u>555-321-1221</u> 5212 CollectionSite Road Fax <u>555-321-1220</u> Happytown, FL 32190 Other <u>CollectionSite@email.com</u></p>	

OMB No. 0930-0158

STEP 2: COMPLETED BY COLLECTOR (make remarks when appropriate). **URINE** **ORAL FLUID**

COLLECTION: <input checked="" type="checkbox"/> Split <input type="checkbox"/> Single <input type="checkbox"/> None Provided, Enter Remark.
URINE: Collector reads urine temperature within 4 minutes. Temperature between 90° and 100° F? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No, Enter Remark <input type="checkbox"/> Observed, Enter Remark
ORAL FLUID: Split Type: <input type="checkbox"/> Serial <input type="checkbox"/> Concurrent <input type="checkbox"/> Subdivided Each Device Within Expiration Date? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Volume Indicator(s) Observed
REMARKS: <u>Cold spec. Will attempt 2nd under direct observ.: This is CCF 1 of 2. 2nd Specimen ID#00000002</u>

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STEP 3: Collector affixes seal(s) to bottle(s)/tube(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

<p><i>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.</i></p> <p>X <u>Connie B. Collector</u> _____ Signature of Collector</p> <p><u>Connie B. Collector</u> _____ (PRINT) Collector's Name (First, MI, Last)</p> <p><u>09 / 08 / 2021</u> <u>2:35</u> <input checked="" type="radio"/> AM <input type="radio"/> PM Date (Mo/Day/Yr) Time of Collection</p>	<p>SPECIMEN BOTTLE(S)/TUBE(S) RELEASED TO:</p> <p><u>Fed Ex</u> _____ Name of Delivery Service</p>
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4. continued (Remarks on CCF 2 of 2):

FEDERAL DRUG TESTING CUSTODY AND CONTROL FORM



SPECIMEN ID NO. 0000002

ACCESSION NO.

STEP 1: COMPLETED BY COLLECTOR OR EMPLOYER REPRESENTATIVE

A. Employer Name, Address, I.D. No. Happy-Sunshine Trucking Co. 123 Mainy Street, bldg F Happytown, FL 32198 Ph: 555-123-4567 Fax:555-123-9876		B. MRO Name, Address, Phone No. and Fax No. Dr. Ben Casey, MD 9999 Professional Blvd, Suite 9X Orlando, FL 33445 Ph: 555-223-7654 Fax: 555-223-3430	
C. Donor SSN, Employee I.D., or CDL State and No. 987654321-FL			
D. Specify Testing Authority: <input type="checkbox"/> HHS <input type="checkbox"/> NRC Specify DOT Agency: <input checked="" type="checkbox"/> FMCSA <input type="checkbox"/> FAA <input type="checkbox"/> FRA <input type="checkbox"/> FTA <input type="checkbox"/> PHMSA <input type="checkbox"/> USCG			
E. Reason for Test: <input type="checkbox"/> Pre-employment <input checked="" type="checkbox"/> Random <input type="checkbox"/> Reasonable Suspicion/Cause <input type="checkbox"/> Post Accident <input type="checkbox"/> Return to Duty <input type="checkbox"/> Follow-up <input type="checkbox"/> Other (specify) _____			
F. Drug Tests to be Performed: <input checked="" type="checkbox"/> THC, COC, PCP, OPI, AMP <input type="checkbox"/> THC & COC Only <input type="checkbox"/> Other (specify) _____			
G. Collection Site Address: 5212 CollectionSite Road Happytown, FL 32190		Collector Contact Info: Phone 555-321-1221 Fax 555-321-1220 Other CollectionSite@email.com	

OMB No. 0930-0158

STEP 2: COMPLETED BY COLLECTOR (make remarks when appropriate). URINE ORAL FLUID

COLLECTION: <input checked="" type="checkbox"/> Split <input type="checkbox"/> Single <input type="checkbox"/> None Provided, Enter Remark.
URINE: Collector reads urine temperature within 4 minutes. Temperature between 90° and 100° F? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No, Enter Remark <input checked="" type="checkbox"/> Observed, Enter Remark
ORAL FLUID: Split Type: <input type="checkbox"/> Serial <input type="checkbox"/> Concurrent <input type="checkbox"/> Subdivided Each Device Within Expiration Date? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Volume Indicator(s) Observed
REMARKS: Direct observation due to first specimen out of temp range/cold; this is 2 of 2 collections. First specimen ID#00000001

STEP 3: Collector affixes seal(s) to bottle(s)/tube(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.		SPECIMEN BOTTLE(S)/TUBE(S) RELEASED TO:	
X <u>Connie B. Collector</u> Signature of Collector		Fed Ex Name of Delivery Service	
<u>Connie B. Collector</u> (PRINT) Collector's Name (First, MI, Last)		<u>09 / 08 / 2021</u> Date (Mo/Day/Yr)	<u>2:49</u> <u>PM</u> Time of Collection

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5. Sample Remarks – insufficient specimen over the full 3-hour period:

STEP 2: COMPLETED BY COLLECTOR (make remarks when appropriate).		<input checked="" type="checkbox"/> URINE	<input type="checkbox"/> ORAL FLUID
COLLECTION: <input type="checkbox"/> Split <input type="checkbox"/> Single <input checked="" type="checkbox"/> None Provided, Enter Remark.			
URINE: Collector reads urine temperature within 4 minutes. Temperature between 90° and 100° F? <input type="checkbox"/> Yes <input type="checkbox"/> No, Enter Remark <input type="checkbox"/> Observed, Enter Remark			
ORAL FLUID: Split Type: <input type="checkbox"/> Serial <input type="checkbox"/> Concurrent <input type="checkbox"/> Subdivided Each Device Within Expiration Date? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Volume Indicator(s) Observed			
REMARKS: <i>1:45pm QNS @ 15mL; 3pm QNS @ 12mL; 4:42pm QNS @ 40mL - Donor drank 40oz water</i>			

Note: "QNS" = Quantity Not Sufficient

6. Remarks Sample – Donor declines to initial specimen bottles and fill out/sign Step 5 on Copy 2 of CCF. (Remember: This is not a refusal to test. Rather, the Collector simply prints the donor's name in Step 5, Copy 2 [Donor Certification Statement], completes the CCF, and sends the specimen to the laboratory.)

STEP 2: COMPLETED BY COLLECTOR (make remarks when appropriate).		<input checked="" type="checkbox"/> URINE	<input type="checkbox"/> ORAL FLUID
COLLECTION: <input checked="" type="checkbox"/> Split <input type="checkbox"/> Single <input type="checkbox"/> None Provided, Enter Remark.			
URINE: Collector reads urine temperature within 4 minutes. Temperature between 90° and 100° F? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No, Enter Remark <input type="checkbox"/> Observed, Enter Remark			
ORAL FLUID: Split Type: <input type="checkbox"/> Serial <input type="checkbox"/> Concurrent <input type="checkbox"/> Subdivided Each Device Within Expiration Date? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Volume Indicator(s) Observed			
REMARKS: <i>Donor declined to initial specimen bottles and declined to fill out Step 5, Copy 2 certification statement</i>			

7. Documenting Questionable Specimens, Example:

Beginning January 1, 2018, the Regulations clarified the following:

- If you receive a “questionable” specimen (i.e. The specimen is adulterated, substituted, or tampered with), you will NOT send the 1st questionable specimen to the laboratory IF YOU ARE UNABLE TO COLLECT A 2nd SPECIMEN UNDER DIRECT OBSERVATION.
- Instead, you will dispose of the 1st “questionable” specimen & send nothing to the lab (whether or not the first specimen is insufficient or sufficient volume).
- Report this as a “shy bladder” situation to the DER.
- Note: In shy bladder situations, each time the donor goes into the restroom to make a urination attempt after a Questionable Specimen, the Observer must instruct the donor to follow the direct observation procedures (up, down, turn-around).

Documenting “Questionable Specimens”

If you are unable to collect a 2nd specimen under direct observation in the 3-hour period, you will document the facts and report this as a Shy Bladder situation to the DER (however, document on the CCF Remarks that the 1st specimen was “Questionable”).

STEP 2: COMPLETED BY COLLECTOR (make remarks when appropriate). URINE ORAL FLUID

COLLECTION: Split Single None Provided, Enter Remark.

URINE: Collector reads urine temperature within 4 minutes. Temperature between 90° and 100° F? Yes No, Enter Remark Observed, Enter Remark

ORAL FLUID: Split Type: Serial Concurrent Subdivided Each Device Within Expiration Date? Yes No Volume Indicator(s) Observed

REMARKS: *2:15pm, 1st specimen insuff. & blue in color/adulterated. Unable to collect 2nd under direct obs. Due to shy bladder issues in 3-hr period. Donor drank 40 ounces water*



2:15pm, 1st specimen insuff. & blue in color/adulterated. Unable to collect 2nd under direct obs. Due to shy bladder issues in 3-hr period. Donor drank 40 ounces water

Note: If the donor is able to provide a 2nd specimen of sufficient volume within the 3-hour period, both specimens will be sent to the laboratory. You will document each, with appropriate Remarks on separate CCFs (i.e 1 of 2 and 2 and 2 of 2 collections...).

For guidance see 49 CFR Part 40.193:
[DOT Rule 49 CFR Part 40 Section 40.193 | US Department of Transportation](#)