

Drug Testing Custody and Control Form

Date: _____

Step 1: Completed by Collector or Employer Representative:

- A. Employer Name: TariCel Management Staffing, LLC
- B. Address: 302 Northland Blvd.,
- C. City: Cincinnati State: Ohio Zip: 45246
- D. Donor Name: _____
- E. Signature: _____
- F. Donor SSN or Employee I.D. No. _____
- G. **REASON for Test:** Pre Employment Random Reasonalbe Supicion/Cause

Step 2: Primary Specimen Test Results:

Negative _____

Positive for: Marijuana Cocaine Amphetamine Barbiturates

Benzodiaepines Methadone Methamphetamine Opiates PCP

Diluted Adulterated Rejected Testing Invalid Result Substituted

Alcohol