

As of July,1 2018 the new 2017 Federal CCF must be used for federally regulated specimens. Continued usage of the old DOT CCF form will cause significant delays in result reporting or cancellation of the test.

- Samples collected beginning July 1st, 2018 on an old DOT CCF form cannot be reported.
- If a sample is received on an old DOT CCF a Collector Certification Statement must be completed by the collector or their supervisor and returned before the result can be reported.
- The laboratory must hold the specimen report for at least five business days from the first attempt to contact the collector. If the laboratory cannot obtain a Collector Certification Statement from the collector after this time, the laboratory must report the specimen as Rejected for Testing.

How do I know if I have the new version of the Federal CCF? The new version of the Federal CCF has the new opioid drug analytes OXYC, HYC, OXYM and HYM in step 5A.

STEP 5A: PRIMARY SPECIMEN REPORT - COMPLETED BY TEST FACILITY		MAKING MULTIPLE
<input type="checkbox"/> NEGATIVE	<input type="checkbox"/> POSITIVE for:	
<input type="checkbox"/> DILUTE	<input type="checkbox"/> Marijuana Metabolite (Δ9-THCA) <input type="checkbox"/> Methamphetamine <input type="checkbox"/> MDMA <input type="checkbox"/> 6-Acetylmorphine <input type="checkbox"/> Cocaine Metabolite (BZE) <input type="checkbox"/> Amphetamine <input type="checkbox"/> MDA <input type="checkbox"/> Morphine <input type="checkbox"/> PCP <input type="checkbox"/> Codeine	
<input type="checkbox"/> REJECTED FOR TESTING	<input type="checkbox"/> ADULTERATED <input type="checkbox"/> SUBSTITUTED <input type="checkbox"/> INVALID RESULT	
REMARKS: _____ Test Facility (if different from above): _____ <i>I certify that the specimen identified on this form was examined upon receipt, handled using chain of custody procedures, analyzed, and reported in accordance with applicable Federal requirements.</i>		
<input checked="" type="checkbox"/> _____ <small>Signature Certifying Technician/Scientist's Name</small>		
_____ <small>(Print) Certifying Technician/Scientist's Name (First, MI, Last)</small>		
_____ <small>Date (Mo./Day/Yr.)</small>		

If you do not have a supply of the new Federal CCF and must use the older version, to minimize any delay, please send the following Certification Statement along with the outdated CCF, with the donor to the collection site so the collector can complete and submit it to the lab with the specimen. You should also order a new supply of CCFs through our web site, <http://dsimed.com/orderform.php>.



Attn Collection Site: If you are not using the new Federal CCF (OMB control number 0930-0158), the following Certification Statement must be completed and sent with Lab Copy 1 of the CCF and specimen to the lab.

Quest Diagnostics Incorporated

COLLECTOR'S CERTIFICATION STATEMENT – INFORMATION RECOVERY

SPECIMEN ID #: _____

URGENT: MUST BE COMPLETED AND RETURNED IMMEDIATELY

This collector's certification statement is provided to resolve correctable errors on the Drug Testing Custody and Control Form. *Please complete/correct the information indicated below and sign/date where indicated.*

*The **Federal Drug Testing Custody and Control Form**, OMB control number 0930-0158, required under the Health and Human Services Mandatory Guidelines for Federal Workplace Drug Testing Programs published August 08, 2017 **was not used** for this collection because the donor/client did not have the form. The incorrect form contains all the information needed for a valid DOT or HHS drug test. We have advised Quest Diagnostics that new requisition forms are needed for this client. Quest Diagnostics has informed us that these forms have been or are being shipped to the appropriate location and advised us to discard all old forms.

*These discrepancies need verification as being true. These may be verified by the collection site supervisor in the absence of the original collector in limited circumstances (e.g., collector no longer employed at the collection site or long term absence of the collector).

*****IF YOU ARE NOT THE ORIGINAL COLLECTOR, PLEASE SIGN & ADD YOUR TITLE AS SUPERVISOR OR MANAGER AFTER YOUR NAME*****

Authorized Person/Collector's Printed Name: _____ Date: ____

Authorized Person/Collector's Signature: _____