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000413702

Agency Name \_\_\_\_\_

Referring Agent \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

Client Name \_\_\_\_\_ DOB \_\_\_\_\_

Social Sec # \_\_\_\_\_ ID Type \_\_\_\_\_

Collector's Name \_\_\_\_\_

Date of Collection \_\_\_\_\_ Time of Collection \_\_\_\_\_

Fee  Paid  Waived

Medications \_\_\_\_\_

I certify that I provided my specimen to the collector, that the specimen container was sealed with a tamper-proof seal in my presence, and that the information provided on this form and on the label affixed to the bottle is correct.

Client Signature \_\_\_\_\_

**DRUGS TO TEST** lab defaults to full screen if no boxes are checked

- Amphetamines     Barbiturates     Bath Salts     Benzodiazepines     Buprenorphine
- Cocaine     EtG (alcohol)     Ethanol (alcohol)     K2     MDMA
- Methadone     Opiates     Oxycodone     PCP     THC
- 6-AM (Heroin)
- Full Screen (all drugs EXCEPT K2, Bath Salts, Buprenorphine, 6-AM (Heroin))

**CHAIN OF CUSTODY**

Released by _____	Date/Time _____	Released to _____
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Notes \_\_\_\_\_

**LAB USE ONLY**

Specimen package integrity was     Acceptable     Unacceptable

Received by \_\_\_\_\_ Date/Time \_\_\_\_\_

