



Instructions for Completing Step 1 of Custody and Control Forms (CCF) LabCorp

The Federal Drug Testing Custody and Control Form is to be used for CDL and USCG

Positions: *(If you do not have a CDL or a Coast Guard position, see instructions at the bottom of the page.)*

(Make sure you are using the **LabCorp Federal** form if the test is to be given at a LabCorp lab.)

Letter **C** on the Federal Drug Testing Custody and Control Form should be filled in with the Employee ID number. Use the Social Security number as an alternate number:

C. Donor SSN or Employee I.D. No. _____

Letter **D** should be marked **DOT and** either FMCSA for positions requiring a CDL **OR** USCG for positions requiring USCG licensure/vessel staff:

D. Specify Testing Authority: HHS NRC Specify DOT Agency: FMCSA FAA FRA FTA PHMSA USCG

Letter **E** should be marked for the appropriate test:

E. Reason for Test: Pre-employment Random Reasonable Suspicion/Cause Post Accident Return to Duty Follow-up Other (specify) _____

Letter **F** should already be marked THC, COC, PCP, OPI, AMP:

F. Drug Tests to be Performed: THC, COC, PCP, OPI, AMP THC & COC Only Other (specify) _____
G. Collection Site Address: _____

The Chain of Custody Form for All Except CDL and USCG Positions:

(If you have a CDL or a Coast Guard position, see instructions at the top of the page.)

(Make sure you are using the **LabCorp Chain of Custody** form if the test is to be given at a LabCorp lab.)

Letter **C** on the Chain of Custody Form should be filled in with the Employee ID number. Use the Social Security number as an alternate number:

C. Donor SSN or Employee I.D. No. _____

Letter **D** should be marked for the appropriate test:

D. Reason for Test: Pre-Employment Random Reasonable Suspicion/Cause Post Accident Periodic Other _____

Letter **E** should be completed by the collector.

Letter **F** should be completed by the collector.