



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

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

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

(Make sure you are using the **Quest Diagnostics Federal** form if the test is to be given at a Quest Diagnostics 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 be marked 67643N DOT Drug Panel:

F. Drug Tests to be Performed: THC, COC, PCP, OPI, AMP THC & COC Only Other (specify) _____
() 67643N DOT DRUG PANEL

Forensic Drug Testing Custody and Control Form for All Except CDL and USCG Positions:

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

Letter **C** on the Forensic 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 filled in with the employee's last name and then first name:

D. Donor Name: Last: _____ First: _____

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

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

F. Reason for Test: Pre-employment (1) Random (3) Reasonable Suspicion/Cause (5) Post-Accident (2) Promotion (22)
 Return to Duty (6) Follow-up (23) Other (specify) (99) _____

Letter **G** should be marked 6405N SAP 5-50 /2000:

G. Drug Tests to be Performed:
() 6405N SAP 5-50/2000

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