

COLLECTOR MEMORANDUM FOR THE RECORD

Date of Collection: _____ Collector: _____

Collection Site Name: _____

Phone: _____ Fax: _____

Email: _____ Laboratory: _____

Collection Site Address: _____

Specimen ID No: _____ Donor ID No. _____

If FMCSA, Driver's License Number and Issuing State: _____

Pursuant to 40 CFR Part 40.205(b)(2), this will serve as the official "Memorandum for the Record" to correct the following incident(s), omission(s), and/or error(s) occurred during the collection process for the above referenced specimen.

Expired Federal Custody and Control Form (CCF) was used as the only means of conducting the federal drug test. The expired form contains all the information needed for a valid Federal/DOT drug test.

Explanation: The expired Federal CCF will continue to be used until the supply has been depleted. At that time, the 2020 Federal CCF will be used for all Federal/DOT drug testing.

I certify that the specimen identified on this form is the specimen presented to me by the donor, that it bears the same specimen identification number as above, and that it has been collected, labeled, and sealed in accordance with applicable procedures outlined under the Health and Human Services (HHS) and Substance Abuse and Mental Health Services Administration (SAMSHA) guidelines. I further certify that I released the specimen to the courier for shipment to the laboratory.

Please process the above referenced specimen to satisfy the noted deficiency.

Signature Printed Name Date

NOTE: Send/FAX to the laboratory, send a copy to the MRO and Employer. Retain **one copy** and attach to the collector copy of the CCF for your files.