



FRIENDS MULTI-SERVICES, INC.

5820 Southwestern Blvd. • Baltimore, MD 21227
410-247-4417 • Fax 410-247-8426

PROGRAM INFORMATION	NAME _____ ADDRESS _____	SPECIMEN I.D. NUMBER _____
	PHONE _____ ACCOUNT # _____	

DONOR	NAME _____	VERIFIED BY: <input type="checkbox"/> PICTURE I.D. <input type="checkbox"/> SUPERVISOR <input type="checkbox"/> OTHER
	PHONE NUMBER _____	
	SOCIAL SECURITY OR I.D. NUMBER _____	

CHECK THE APPROPRIATE TEST(S):

T E S T S	<input type="checkbox"/> 11. ORAL SCRIN FOR: _____	<input type="checkbox"/> 14. _____	<input type="checkbox"/> 17. _____
	<input type="checkbox"/> 12. ORAL 3 PANEL _____	<input type="checkbox"/> 15. _____	<input type="checkbox"/> 18. _____
	<input type="checkbox"/> 13. ORAL 6 PANEL _____	<input type="checkbox"/> 16. _____	<input type="checkbox"/> 19. _____
			
			
			

REASON FOR TESTING	<input type="checkbox"/> 1. RANDOM	<input type="checkbox"/> 3. PERIODIC MEDICAL	<input type="checkbox"/> 5. OTHER (Specify) _____
	<input type="checkbox"/> 2. POST-ACCIDENT	<input type="checkbox"/> 4. REASONABLE CAUSE _____	

COMMENTS	_____
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CHAIN OF CUSTODY

DONOR CONSENT / CERTIFICATION	I certify that I voluntarily consent to the collection and testing of my specimen, that the specimen identified on this form is my own, it is fresh and has not been adulterated in any manner. I certify that I provided my specimen to the collector, that the specimen was sealed in my presence and that the information provided on this form and on the label affixed to the specimen is correct. I further authorize the laboratory to release the results of this testing to authorized personnel.		
	(PRINTED) DONOR'S NAME _____	SIGNATURE OF DONOR _____	DATE ____/____/____

COLLECTOR CERTIFICATION	I certify that the specimen identified on this form is the specimen presented to me by the donor providing the certification above, and that it bears the same identification number on this form and it has been collected, labeled and sealed in the donor's presence. I hereby release this specimen for transport to the laboratory.		
	(PRINTED) COLLECTOR'S NAME _____	SIGNATURE OF COLLECTOR _____	TIME _____ DATE ____/____/____

LABORATORY CERTIFICATION FOR LAB USE ONLY	I certify that the specimen received with this form bears the same identification number on this form and was received in a sealed bag with the seal intact.		
	(PRINTED) LAB ACCESSIONER'S NAME _____	SIGNATURE OF ACCESSIONER _____	DATE ____/____/____

PEEL OFF SPECIAL LABEL



Donor ID # OR SS # _____
Date ____/____/____ Donor's Initials _____