

**FEDERAL RAILROAD ADMINISTRATION
POST-ACCIDENT TESTING BLOOD/URINE CUSTODY AND CONTROL FORM (49 CFR 219)**

NOTE: This form must be completed in accordance with instructions provided by the Railroad representative. Separate instructions are available for the employee and the collectors. If more than one collector provides services, each must direct special attention to properly documenting the chain of custody for the blood and urine specimens, as applicable.

Employee Identification Number or Social Security Number	Sample Set Identification Number (Pre-printed) 112181
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STEP 1. COMPLETED BY EMPLOYEE (DONOR) PROVIDING SPECIMENS

Name Print (last, first, mi)	Name of Employing Railroad
Home Address	Name of Home terminal

STEP 2. COMPLETED BY COLLECTOR OF BLOOD SPECIMEN

Name of Collector Print (last, first, mi)	Date	Collection Time	Remarks:
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I certify the blood specimen was presented to me by the person named in Step 1. The specimen (in two blood tubes) bears the sample set identification number as printed above and was collected, labeled, and sealed according to the Federal Railroad Administration's instructions provided to me.

I HAVE COMPLETED THE REQUIRED ENTRY IN STEP 5 BELOW, AS EXPLAINED IN THE INSTRUCTIONS GIVEN TO ME.

Signature of Collector

STEP 3. COMPLETED BY COLLECTOR OF URINE SPECIMEN

Name of Collector Print (last, first, mi)	Date	Collection Time	Remarks:
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Temperature of Specimen was read within 4 minutes YES NO Temperature was within range of 32°-38°C/90°-100°F YES NO If not, actual temperature was _____ °.

I certify the urine specimen was presented to me by the person named in Step 1. The specimen (in two bottles) bears the sample set identification number as printed above and was collected, labeled, and sealed according to the Federal Railroad Administration's instructions provided to me.

I HAVE COMPLETED THE REQUIRED ENTRY IN STEP 5 BELOW, AS EXPLAINED IN THE INSTRUCTIONS GIVEN TO ME.

Signature of Collector

STEP 4. COMPLETED BY EMPLOYEE

I certify the information I have given in Step 1 is correct and that I provided the specimens described in Steps 2 and 3; that each specimen is in a container which have the above sample set identification numbers recorded on the tamper-evident seals; that I have not adulterated the urine specimen in any manner, that each container has a tamper-evident seal that was applied by the collector in my presence, and I have placed my initials on each label. (SIGN AFTER ALL SPECIMENS ARE SEALED.)

EXAMPLE OF MY INITIALS _____
Signature of Employee

STEP 5. COMPLETED IN SEQUENCE BY COLLECTORS AND OTHERS TAKING POSSESSION OF SPECIMENS (Including Laboratory)

DATE MO. DAY YR.	SPECIMEN RELEASED BY	TYPE OF FLUID(S)		SPECIMEN RECEIVED BY	PURPOSE OF CHANGE
		BLOOD	URINE		
///	DONOR- NO SIGNATURE			Signature ----- Name	PROVIDE SPECIMEN FOR TESTING
///	Signature ----- Name			Signature ----- Name	
///	Signature ----- Name			Signature ----- Name	
///	Signature ----- Name			Signature ----- Name	

STEP 6. COMPLETED BY MEDICAL FACILITY/PHYSICIAN

Describe any medication, solution, transfusion, anesthetic, or other treatment the employee received after the accident that might affect toxicological analyses.	Was a breath alcohol test conducted _____ Yes on the donor above, pursuant to this accident, using FRA authority? _____ No
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