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POST-ACCIDENT TESTING BLOOD/URINE CUSTODY AND CONTROL FORM (49 CFR 219) *NOTE: This form is to completed in accordance with instructions contained in 49 CFR 219, Control of Alcohol and Drug Use in Railroad Operations, and supplemental instructions that accompany the specimen collection materials in the FRA Post-Accident Toxicology Kit.*

_____ Donor's Initials _____ Date	PLACE OVER CAP	FEDERAL RAILROAD ADMINISTRATION SPECIMEN IDENTIFICATION NO. **A** № 112181	URINE BOTTLE CUSTODY SEAL
_____ Donor's Initials _____ Date	PLACE OVER CAP	FEDERAL RAILROAD ADMINISTRATION SPECIMEN IDENTIFICATION NO. **B** № 112181 -S	URINE BOTTLE CUSTODY SEAL
_____ Donor's Initials _____ Date	PLACE OVER CAP	FEDERAL RAILROAD ADMINISTRATION SPECIMEN IDENTIFICATION NO. **A** № 112181	BLOOD TUBE CUSTODY SEAL
_____ Donor's Initials _____ Date	PLACE OVER CAP	FEDERAL RAILROAD ADMINISTRATION SPECIMEN IDENTIFICATION NO. **B** № 112181 -S	BLOOD TUBE CUSTODY SEAL

Date _____

_____
Signature of Collector

KIT CUSTODY SEAL

Federal Railroad Administration

FRA F 6180.74 (Rev. 12/94)

OMB No. 2130-0526

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