



**STEP 1: TO BE COMPLETED BY COLLECTOR OR CLIENT REPRESENTATIVE-USE BLACK INK**

A. Client Name and No. \_\_\_\_\_ B. Designated Agent/MRO \_\_\_\_\_

C. Donor SSN -- or I.D. No.

Please Print Clearly

D. Reason for Test:  Pre-Hire  Random  Reasonable Cause  Post Accident  Other \_\_\_\_\_  
 E. Specimen Type:  Urine  Blood  Hair  Other \_\_\_\_\_  
 F. Collector Site Address: \_\_\_\_\_ Collector Phone No: \_\_\_\_\_  
 Collector Fax No: \_\_\_\_\_

G. Test(s) to be Performed:  Urine  Blood  Hair  
 Supplement Steroid Contaminant  Steroids Contaminant

**STEP 2: TO BE COMPLETED BY COLLECTOR**

Urine specimen temperature within 5 minutes is (dependent on temperature between 99° and 102° F):  Yes  No, Enter Remark \_\_\_\_\_  
 Specimen type:  Split  Single  None Provided (Enter Remark) \_\_\_\_\_  Observed (Enter Remark) \_\_\_\_\_

REMARKS: *Positive - Multiple Markers (Cocaine, Heroin, Ecstasy, Amphetamine, Marijuana)*

STEP 3: Collector affixes bottle seal(s) to bottle(s). Collector dates seal(s). Donor initials seal(s). Donor completes STEP 5 on Copy 2 (MRO Copy)

**STEP 4: CHAIN OF CUSTODY - INITIATED BY COLLECTOR AND COMPLETED BY LABORATORY**

I certify that the specimen given to me by the donor identified in the certification section on Copy 2 of this form was collected, labeled, sealed and released to the Delivery Service noted in accordance with applicable requirements:

Time of Collection: :  AM  PM   
 Date (Mo./Day/Yr.): / /

SPECIMEN BOTTLE(S) RELEASED TO: \_\_\_\_\_  
 Name of Downer Service Transporting Specimen(s) Lab: \_\_\_\_\_

RECEIVED AT LAB:  Primary Specimen Bottle Seal Intact  
 Yes  No, Enter Remark Below

REMARKS: \_\_\_\_\_

**STEP 5: TO BE COMPLETED BY DONOR**

Evening Phone No. ( )- ( )- ( ) Date of Birth Mo. / Day / Yr. / /

I certify that I provided my urine specimen to the collector; that I have not adulterated it in any manner; that each specimen bottle used was sealed with a tamper-evident seal in my presence and that the information provided on this form and on the label affixed to each specimen bottle is correct.

Signature of Donor: \_\_\_\_\_ Date (Mo./Day/Yr.): \_\_\_\_\_

In accordance with organization policy, should the results of the laboratory tests for the specimen identified by this form be confirmed positive, you may be contacted to ask about prescriptions and over-the-counter medications that you may have taken. Therefore, you may want to make a list of those medications as a "memory jogger." THIS LIST IS NOT NECESSARY. If you choose to make a list, do so either on a separate piece of paper or on the back of our copy (Copy 5). - DO NOT LIST ON THE BACK OF ANY OTHER COPY OF THE FORM. TAKE COPY 5 WITH YOU.

**STEP 6: TO BE COMPLETED BY CLIENT OR CLIENT REPRESENTATIVE/MRO**

I have reviewed the laboratory results for the specimen identified by this form in accordance with applicable requirements. My determination/verification is:  
 Negative  Positive  Test Not Performed  Test Cancelled

REMARKS: \_\_\_\_\_

(PRINT) CLIENT REPRESENTATIVE/MRO NAME (FIRST, MI, LAST): \_\_\_\_\_ Signature of Client Representative/MRO: \_\_\_\_\_ Date (Mo./Day/Yr.): \_\_\_\_\_

NON IDOT PRESS HARD - YOU ARE MAKING MULTIPLE COPIES

*Alpha Male*



345 Hill Avenue Nashville, TN 37210

Ph: (615)255-2400 Fax: (615)255-3030 Web: www.aegislabs.com

Client: 3341 - Alberto Salazar  
Report To: Alberto Salazar

SSN:  
Donor ID: ALPHA MALE  
Laboratory ID: 1152621  
Collected:  
Received: 05/24/06 10:10  
Completed: 06/05/06 16:21  
Reported: 06/05/06 16:27

Reason: Not Given  
Specimen Type: Other

Analyses Ordered: 00740 - Supplement Steroid Contaminant  
00741 - Stimulant Contaminants

<u>Drug Class</u>	<u>Result</u>	<u>Quantitation</u>	<u>Screen Cutoff</u>	<u>Confirm Cutoff</u>
Steroids and Precursors	NONE DETECTED		10 ppm	2 ppm
Stimulant Contaminants	NONE DETECTED		10 ppm	10 ppm

Received 148 lime green tablets, 29x10x7mm 1.877g, "Biotest" faintly imprinted on one side, within 2 sealed clear plastic bottles with black caps, labeled "Alpha Male Maximum Strength Testosterone formula," lot

Certified by:  
Date:

----- END OF REPORT -----