

SPECIMEN ID NO.

OF 206024

LAB USE ONLY

STEP 1 245 PALL MALL ST. LONDON, ON N6A 1P4

To be Completed by COLLECTOR

Employer, Address, I.D. No.

ABC Company  
 C/O SBL TESTING TECHNOLOGIES  
 123 Any Street  
 Toronto, ON A1B 1A2  
 P: 555-555-1234 F: 555-555-5555

MRO Name, Address, Phone No. and Fax No.

DR. TREVOR GILLMORE  
 D-122 COMMERCE PARK DRIVE

BARRIE ON L4N8W8

P: 866/599-1461  
 F: 705/999-8228

006179

Donor DL or I.D. No.

1 2 3 4 5

28146

Test(s) Ordered

OTH L

PRESS HARD - YOU ARE MAKING MULTIPLE COPIES

STEP 2 To be Completed by COLLECTOR  Pre-employment  Pre-Access  Random  Reasonable suspicion/cause

Indicate Reason for Test:  Return to Duty  Follow-up  Post Accident  Post Incident  Other (specify) \_\_\_\_\_

STEP 3 To be Completed by COLLECTOR 3803

Collection Site Address: SBL TESTING TECHNOLOGIES INC  
 1-5925 12TH STREET SE, CALGARY AB T2H2M3

Collector Phone No. 403 560 2984 Collector Fax No. 555 555 5555

Remarks: ABC Company  
 123 Any Street  
 Toronto, ON A1B 1A2  
 555-555-5555

I, the Collector, by signing below certify that the specimen identified on this form is the specimen given to me by the donor identified above and that it has been collected, labeled, sealed, and released to the Delivery Service noted in accordance with applicable requirements.

Signature of Collector: *Tommy Tester*  
 Time of Collection: 09:23 AM  AM  PM  
 (PRINT) Collector's Name (First, MI, Last): TOMMY TESTER  
 Date: (Mo./Day/Yr.): 10/01/2019

**SPECIMEN RELEASED TO:**  
 Name of Delivery Service Transferring Specimen to Lab  
 Dynacare  Purolator  
 Other \_\_\_\_\_

STEP 4 LABORATORY USE ONLY

RECEIVED AT LAB: X \_\_\_\_\_  
 Signature of Accessioner  
 (PRINT) Accessioner's Name (First, MI, Last) \_\_\_\_\_ Date (Mo./Day/Yr.) \_\_\_\_\_

Primary Specimen Seal Intact  
 Yes  
 No, Enter Remark Below \_\_\_\_\_

SPECIMEN CONTAINER(S) RELEASED TO: \_\_\_\_\_

Reviewed by Certifying Scientist / Technician  
 X \_\_\_\_\_  
 Signature of Certifying Scientist / Technician \_\_\_\_\_ (PRINT) Certifying Scientist / Technician's Name (First, MI, Last) \_\_\_\_\_ Date (Mo./Day/Yr.) \_\_\_\_\_

PEEL SPECIMEN ID NO. OF206024

A PLACE OVER CAP OF206024

PEEL SPECIMEN ID NO. OF206024

B PLACE OVER CAP OF206024

SHIPPING BARCODE OF206024

Date (Mo./Day/Yr.) \_\_\_\_\_ Donor's Initials \_\_\_\_\_