



How to Convert a Paper Chain Using FormFox

Step 1: If someone walks into your clinic with a Paper Chain, click on the Account Number Button.



Step 2: Click on the Laboratory from the Custody and Control Form (CCF).





Step 3: Enter the account number.

Note: Please do not use a Specimen ID No. as the Account Number. (You may see this number at the top of the CCF and printed on the specimen bottle seal.)

If you're not quite sure which number is the Account Number, do not hesitate to enter it into the Account Number field. FormFox will validate the Account Number before allowing you to move forward.

CRL

*The Account Format is an alpha-numeric combination always separated by periods.
You will need to enter the entire account sequence.

 CLINICAL REFERENCE[®] LABORATORY 8433 QUINCY • LENEXA, KANSAS 66215	FEDERAL DRUG TESTING CUSTODY AND CONTROL FORM	
Client Acct. No. AEA	Client Name MG	2043132017 SPECIMEN ID NO.
P 1: COMPLETED BY COLLECTOR OR EMPLOYER REPRESENTATIVE 89035445-01		
Employer Name, Address, I.D. No.	PH: 972-374-5231	B. MRO Name, Address, Phone and Fax No. MRO4491
ACCT. AEA. MG. ENG		PAUL TEYNOR MD
ENVDY AIR INC-788		1430 S MAIN ST
4301 REGENT BOULEVARD, MAIL DROP 240		SALT LAKE CITY, UT 84115
IRVING, TX 75063		PH: 801-503-3493
	FX: 972-374-5609	FX: 385-549-8714

LabCorp

*If there is a location code associated with the form, you will find it here.

NON D.O.T. CUSTODY AND CONTROL FORM
(Do Not Use This Form For D.O.T. Collections)

LABCORP
1904 ALEXANDER DRIVE
RTP, NC 27709
1100

Customer Svc: 800-833-3984

SPECIMEN ID NO. 0255232541 LAB ACCESSION NO. 0255232541

STEP 1: COMPLETED BY COLLECTOR OR EMPLOYER REPRESENTATIVE

A. Employer Name, Address and I.D. No.
AT&T-CORPORATION/LEGACY T
ATTN: MAGGIE HEATH RINGROBE
125 S MAIN STREET
WEST HARTFORD CT 06107
203-771-5380 FX: 877-957-7770

B. MRO Name, Address, Phone and Fax No.
DR. A. SCHATZ/DR. R. WALLACE
CONCORDE, INC.
1835 MARKET STREET, 12TH FLOOR
PHILADELPHIA PA 19103
215-563-5555

LOCATION CODE: 06701180

C. Donor SSN or Employee I.D. No. _____

D. Reason for Test: Pre-employment Random Reasonable Suspicion/Cause Post Accident
 Return to Duty Follow-up Other (specify) _____

E. Drug Tests to be Performed: [1788451 DRUG PROFILE

F. Collection Site Address: _____

PAML

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TVE · ALPHA · CLA
CLS · TCL · MSCL · KLS

Spokane, WA 99204
(509) 755-8600 • 1 (877) 778-9590
FAX (509) 922-5281
www.paml.com

N1623764 8132014 tb 118 0804

Toll Free 1 (877) 778-9590

STEP 1: COMPLETED BY COLLECTOR OR EMPLOYER REPRESENTATIVE

A. Employer Name, Address, I.D. No.
PAS9957 KK MECHANICAL
1023 N 1510 S
RDY 84067 84115
801-820-2510/FAX 801-820-2520
TENA HALE

B. MRO Name, Address, Phone and Fax No.
PAUL TEYNOR MD
1430 S MAIN ST
SALT LAKE CITY UT 84115
888-249-4575/FAX 801-994-9953

INSTRUCTIONS ON REVERSE SIDE

Psychemedics

PSYCHEMEDICS FORENSIC DRUG TESTING CUSTODY AND CONTROL FORM - (CCF) - ©

PSYCHEMEDICS CORPORATION

CM1313

Client Code (if other than printed)

FOR LAB USE ONLY

PLEASE PRESS FIRMLY, YOU ARE MAKING MULTIPLE COPIES

Quest Diagnostics

*Quest Account Numbers are always 8 digits.

FEDERAL DRUG TESTING CUSTODY AND CONTROL FORM

Quest Diagnostics
800-877-7484

80280026 2535745 SPECIMEN ID NO. 2535745

80280026 LAB ACCESSION NO.

STEP 1: COMPLETED BY COLLECTOR OR EMPLOYER REPRESENTATIVE