# **&LabCorp**

☐ 69 First Ave., Raritan, NJ 08869

# FEDERAL DRUG TESTING CUSTODY AND CONTROL FORM

- $\square$  1904 T.W. Alexander Dr., Research Triangle Park, NC 27709
- ☐ 1120 Main Street, Southaven, MS 38671
- $\square$  7207 North Gessner, Houston, TX 77040



ACCESSION NO.

SPECIMEN ID NO. 1234567890

#### STEP 1: COMPLETED BY COLLECTOR OR EMPLOYER REPRESENTATIVE

A. Employer Name, Address, I.D. No. FIRSTSOURCE SOLUTIONS FIRSTSOURCE SOLUTIONS(DOT) 100 HIGHPOINT DR. STE 102 CHALFONT, PA 18914	D) F3 10	RO Name, Addres R. RANDY BAR SSOLUTIONS 10 HIGHPOINT I HALFONT, PA 1	OR.,STE.102	37146290
	ORIDO RESTRICTION OF THE CONTROL OF	SA  FAA  Ccident  Return t		☐ PHMSA ☐ USCG
G. Collection Site Address:  - DFLTSITE  1515 Main St  MYSORE, TX 12345	and the second s	Collector Fa	none No. (123)555-9	9
STEP 2: COMPLETED BY COLLECTOR (make Temperature between 90° and 100° F? X Yes \( \) N	No, Enter Remark Collection: Split		en temperature with None Provided, Enter	1
REMARKS EXAMPLE COC FORM - DO NOT				
STEP 3: Collector affixes bottle seal(s) to bottle			nor completes STE	EP 5 on Copy 2 (MRO Copy)
STEP 4: CHAIN OF CUSTODY - INITIATED BY Of a certify that the specimen given to me by the donor in collected, labeled, sealed and released to the Delivery Sealed.	dentified in the certification section on Copy	2 of this form was	SPECIME	N BOTTLE(S) RELEASED TO:
x				
Signat	ture of Collector	AM		
Joe Collector 01/ 13 /21 08:53 AM EST PM LabCorp Courier				
(PRINT) Collector's Name (First, MI, Last)	Date (Mo/Day/Yr) Ti	me of Collection		Name of Delivery Service
DECENTED AT LAB OR HTF.			Drimany Chasimon	CDECIMEN DOTTI E/C) DELEACED TO:
RECEIVED AT LAB OR IITF:			Primary Specimen Bottle Seal Intact	SPECIMEN BOTTLE(S) RELEASED TO:
X	re of Accessioner			SPECIMEN BOTTLE(S) RELEASED TO:
X	<u>-</u>	/ /	Bottle Seal Intact  YES NO If NO, Enter remark	SPECIMEN BOTTLE(S) RELEASED TO:
Signatur  (PRINT) Accessioner's Name	(First, MI, Last)	/ / Date (Mo/Day/Yr)	Bottle Seal Intact  YES NO	SPECIMEN BOTTLE(S) RELEASED TO:
X Signatur  (PRINT) Accessioner's Name  STEP 5A: PRIMARY SPECIMEN REPORT - COI  NEGATIVE POSITIVE for: Marijuana  DILUTE Coca  REJECTED FOR TESTING ADUL	(First, MI, Last)  MPLETED BY TEST FACILITY  a Metabolite (∆9-THCA) ☐ Methampl	netamine ME	Bottle Seal Intact  YES NO If NO, Enter remark in Step 5A.  DMA 6-Acetyl MDA Mor	lmorphine □ OXYC □ HYC
Signatur  (PRINT) Accessioner's Name  STEP 5A: PRIMARY SPECIMEN REPORT - COI  NEGATIVE POSITIVE for: Marijuana  DILUTE	(First, MI, Last)  MPLETED BY TEST FACILITY  a Metabolite (Δ9-THCA)	netamine ME netamine E	Bottle Seal Intact  YES NO If NO, Enter remark in Step 5A.  DMA 6-Acetyl MDA Mor  RESULT	Imorphine
Signatur	(First, MI, Last)  MPLETED BY TEST FACILITY  a Metabolite (∆9-THCA)	netamine ME netamine ME netamine ME INVALID F	Bottle Seal Intact  YES NO If NO, Enter remark in Step 5A.  DMA 6-Acetyl MDA Mor  RESULT	Imorphine
Signatur  (PRINT) Accessioner's Name  STEP 5A: PRIMARY SPECIMEN REPORT - COI  NEGATIVE POSITIVE for: Marijuana DILUTE Cocc  REJECTED FOR TESTING ADUL  REMARKS:  Test Facility (if different from above): I certify that the specimen identified on this form was examinated.	(First, MI, Last)  MPLETED BY TEST FACILITY  a Metabolite (Δ9-THCA)	netamine ME netamine ME netamine ME INVALID F	Bottle Seal Intact  YES NO If NO, Enter remark in Step 5A.  DMA 6-Acetyl MDA More RESULT	Imorphine
Signature  (PRINT) Accessioner's Name  (PRINT) Accessioner	(First, MI, Last)  MPLETED BY TEST FACILITY  a Metabolite (Δ9-THCA)  Methample ine Metabolite (BZE)  Ample PCP  TERATED  SUBSTITUTED  ined upon receipt, handled using chain of custod with the split specimen identified on this and reported in accordance with applicable Federal	netamine ME netamine ME netamine ME netamine ME INVALID F  y procedures, analyz  ifying Technician/Scia	Bottle Seal Intact  YES NO If NO, Enter remark in Step 5A.  DMA 6-Acetyl MDA Mor  RESULT  ed, and reported in accountist's Name (First, MI, L.	Imorphine
Signature  (PRINT) Accessioner's Name  (PRINT) Accessioner	(First, MI, Last)  MPLETED BY TEST FACILITY  a Metabolite (∆9-THCA)	netamine ME netamine MI netami	Bottle Seal Intact  YES NO If NO, Enter remark in Step 5A.  DMA 6-Acetyl MDA Mor  RESULT  ed, and reported in accountist's Name (First, MI, L.	Imorphine

CONTAINER SEAL
WEB-FED

1100 URINE

1234567890

1234567890
1234567890
1234567890

FED +

• ,

\_\_\_\_/\_\_/ \_\_\_\_\_/ Date

Date

Donor's Initials

Align the + with the center of top to seal both sides.

ED +

B

Donor's Initials

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- $\square$  1904 T.W. Alexander Dr., Research Triangle Park, NC 27709
- ☐ 1120 Main Street, Southaven, MS 38671
- $\square$  7207 North Gessner, Houston, TX 77040



ACCESSION

SPECIMEN ID NO. 1234567890

STEP 1: COMPLETED BY COLLECTOR OR EMPLOYER REPRESENT.	ATIVE	ACCESSION NO.	
A. Employer Name, Address, I.D. No. FIRSTSOURCE SOLUTIONS FIRSTSOURCE SOLUTIONS(DOT) 100 HIGHPOINT DR. STE 102 CHALFONT, PA 18914 Phone: (215)396-5500 Fax: (215)396-5528	DR. RANDY BARN FSSOLUTIONS 100 HIGHPOINT I CHALFONT, PA 1	DR.,STE.102	37146290
C. Donor SSN or Employee I.D. No. D O N O R I	<b>D</b>		
D. Specify Testing Authority:   HHS   NRC Specify DOT	Agency: FMCSA FAA	]FRA ☐ FTA ☐ PHMS	A □ USCG
E. Reason for Test: X Pre-employment Random Reasonable Susp	icion/Cause	Duty Follow-up Other (sp	pecify)
F. Drug Tests to be Performed:	☐ THC & COC Only 🗓 Other	(specify) 708392	_
- DFLTSITE			
1515 Main St	Collector Pt	none No. (123)555-9999	
MYSORE, TX 12345	Collector Fa	ax No. (123)555-9999	
L STEP 2: COMPLETED BY COLLECTOR (make remarks when ap			utes.
Temperature between 90° and 100° F? X Yes No, Enter Remark		None Provided, Enter Remark	Observed, Enter Remark
REMARKS EXAMPLE COC FORM - DO NOT USE - DO NOT SU	BMIT! EXAMPLE COC FORM - DO	NOT USE - DO NOT SUBM	IT!
STEP 3: Collector affixes bottle seal(s) to bottle(s). Collector data STEP 4: CHAIN OF CUSTODY - INITIATED BY COLLECTOR AND I certify that the specimen given to me by the donor identified in the certifical collected, labeled, sealed and released to the Delivery Service noted in accordance.	COMPLETED BY TEST FACILITY ation section on Copy 2 of this form was	nor completes STEP 5 on C	., .,
x			
Signature of Collector	АМ		
	1/ 13 /21 08:53 AM EST PM Time of Collection	LabCorp Name of Deliv	
STEP 5: COMPLETED BY DONOR	Date (mo/Day/11)	Humo of Both	Total Control
I certify that I provided my urine specimen to the collector; that I have no my presence; and that the information provided on this form and on the			with a tamper-evident seal in
x	Joe Donor	<u>.</u>	01 / 13 / 21
Signature of Donor	(PRINT) Donor's Name (F	irst, MI, Last)	Date (Mo/Day/Yr)
Daytime Phone No. ( 919 ) 123-4567 Evenir	ng Phone No. <u>(919) 123-4567</u>	Date of Bi	rth11 / / 68
After the Medical Review Officer receives the test results for the over-the-counter medications you may have taken. Therefore, you NECESSARY. If you choose to make a list, do so either on a se INFORMATION ON THE BACK OF ANY OTHER COPY OF THE F	u may want to make a list of those eparate piece of paper or on the ba	medications for your own re	sk about prescriptions and ecords. THIS LIST IS NOT
STEP 6: COMPLETED BY MEDICAL REVIEW OFFICER - PRIMAR	Y SPECIMEN		
In accordance with applicable Federal requirements, my verification is:  NEGATIVE POSITIVE for:			
☐ DILUTE ☐ REFUSAL TO TEST because – check reason(s) below:		☐ TEST CAN	CELLED
ADULTERATED (adulterant/reason):		_ TEST CAN	CELLED
SUBSTITUTED			
OTHER:			
REMARKS:			
v			
Signature of Medical Review Officer	(PRINT) Medical Review Office	r's Name (First, MI, Last)	//
STEP 7: COMPLETED BY MEDICAL REVIEW OFFICER - SPLIT S	, ,		. , ,
In accordance with applicable Federal requirements, my verification for the RECONFIRMED for:	he split specimen (if tested) is:	TEST CAN	ICELLED
☐ FAILED TO RECONFIRM for:			
REMARKS:			
X Signature of Medical Davis Communication	(DDINT) Married Day 1 - Offi	Ja Nama (First MI 1 )	
Signature of Medical Review Officer	(PRINT) Medical Review Office	r's name (First, MI, Last)	Date (Mo/Day/Yr)

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- ☐ 1120 Main Street, Southaven, MS 38671
- $\square$  7207 North Gessner, Houston, TX 77040



1234567890	
ESSION NO.	

	SPECIMEN ID NO. 1234567890 ACCESSION NO.
STEP 1: COMPLETED BY COLLECTOR OR EMPLOYER REPRI	ESENTATIVE
A. Employer Name, Address, I.D. No.	B. MRO Name, Address, Phone No. and Fax No.
FIRSTSOURCE SOLUTIONS	B. MRO Name, Address, Phone No. and Fax No. DR. RANDY BARNETT D.O. FSSOLUTIONS 100 HIGHPOINT DR.,STE.102 CHALFONT, PA 18914 Phone: (215)306 5500 Fax: (215)306 5610
FIRSTSOURCE SOLUTIONS(DOT)	FSSOLUTIONS
100 HIGHPOINT DR. STE 102	100 HIGHPOINT DR.,STE.102 37146290
CHALFONT, PA 18914	CHALFONT, PA 18914
Phone: (215)396-5500 Fax: (215)396-5528	Phone: (215)396-5500 Fax: (215)396-5610
(210)050 0000 1 454 (210)050 0020	(210)070 0000
C. Donor SSN or Employee I.D. No. D ONOR	I   D
D. Specify Testing Authority: ☐ HHS ☐ NRC Specify	DOT Agency:  FMCSA  FAA FRA FTA PHMSA USCG
	le Suspicion/Cause Post Accident Return to Duty Follow-up Other (specify)
	AMP ☐ THC & COC Only 🗓 Other (specify) 708392
G. Collection Site Address:	
- DFLTSITE	Collector Phone No. (123)555-9999
1515 Main St	Collector Phone No. (123)333-7777
MYSORE, TX 12345	Callecter Fay No. (123)555 0000
STED 2. COMPLETED BY COLLECTOR (make remarke wh	Collector Fax No. (123)555-9999
Temperature between 90° and 100° F? X Yes No, Enter Remarks	nen appropriate) Collector reads specimen temperature within 4 minutes.  k Collection: Split X Single None Provided, Enter Remark Observed, Enter Remark
	OT SUBMIT! EXAMPLE COC FORM - DO NOT USE - DO NOT SUBMIT!
REMARKS EXAMILE COC FORM - DO NOT USE - DO NO	of Submit: Examilize Coc Pokin- Do Not use - Do Not Submit:
STED 2: Collector offices bottle cool(s) to bottle(s). Collect	ou deten anal/a). Damas initiala anal/a). Damas completos STER E an Carry 2 (MRO Carry)
STEP 3: Collector affixes bottle seal(s) to bottle(s). Collect STEP 4: CHAIN OF CUSTODY - INITIATED BY COLLECTOR	or dates seal(s). Donor initials seal(s). Donor completes STEP 5 on Copy 2 (MRO Copy)
I certify that the specimen given to me by the donor identified in the	
collected, labeled, sealed and released to the Delivery Service noted in a	
v	
Signature of Collector	AM
Joe Collector	01/ 13 /21 08:53 AM EST PM LabCorp Courier
(PRINT) Collector's Name (First, MI, Last)	Date (Mo/Day/Yr) Time of Collection Name of Delivery Service
STEP 5: COMPLETED BY DONOR	
	have not adulterated it in any manner; each specimen bottle used was sealed with a tamper-evident seal in
my presence; and that the information provided on this form and o	on the label affixed to each specimen bottle is correct.
V	I D
Signature of Donor	
· ·	
Daytime Phone No. ( 919 ) 123-4567	Evening Phone No. (919) 123-4567 Date of Birth 11 / 01 / 68 (Mo/Day/Yr)
	for the specimen identified by this form, he/she may contact you to ask about prescriptions and
	re, you may want to make a list of those medications for your own records. THIS LIST IS NOT
	n a separate piece of paper or on the back of your copy (Copy 5) DO NOT PROVIDE THIS
INFORMATION ON THE BACK OF ANY OTHER COPY OF	
STEP 6: COMPLETED BY MEDICAL REVIEW OFFICER - PR	
In accordance with applicable Federal requirements, my verification	III IS.
NEGATIVE POSITIVE for:	
DILUTE	
REFUSAL TO TEST because – check reason(s) below:	☐ TEST CANCELLED
ADULTERATED (adulterant/reason):	
SUBSTITUTED	
OTHER:	
REMARKS:	
Y	1 1
Signature of Medical Review Officer	(PRINT) Medical Review Officer's Name (First, MI, Last)  Date (Mo/Day/Yr)
STEP 7: COMPLETED BY MEDICAL REVIEW OFFICER - SF	PLIT SPECIMEN
In accordance with applicable Federal requirements, my verification	
RECONFIRMED for:	· · · · · · · · · · · · · · · · · · ·
FAILED TO RECONFIRM for:	
DEMARKS.	
REMARKS:	
1	
Χ	
Signature of Medical Review Officer	(PRINT) Medical Review Officer's Name (First, MI, Last) Date (Mo/Day/Yr)

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 $\Box$  1904 T.W. Alexander Dr., Research Triangle Park, NC 27709

Signature of Medical Review Officer

- ☐ 1120 Main Street, Southaven, MS 38671
- $\square$  7207 North Gessner, Houston, TX 77040



OMB No. 0930-0158

Date (Mo/Day/Yr)

SPECIME	:n id no. 1234567890	ACCESSION NO.	07090
STEP 1: COMPLETED BY COLLECTOR OR EMPLOYER REPRESENTATIVE	Æ		
A. Employer Name, Address, I.D. No. FIRSTSOURCE SOLUTIONS FIRSTSOURCE SOLUTIONS(DOT) 100 HIGHPOINT DR. STE 102 CHALFONT, PA 18914 Phone: (215)396-5500 Fax: (215)396-5528	B. MRO Name, Address, F DR. RANDY BARNET FSSOLUTIONS 100 HIGHPOINT DR., CHALFONT, PA 18914 Phone: (215)396-5500 F	T D.O. STE.102	37146290
C. Donor SSN or Employee I.D. No. D   O   N   O   R   I   D			
D. Specify Testing Authority:  HHS NRC Specify DOT Age	ncy:  FMCSA FAA FF	RA □ FTA □ PHMSA	□ USCG
E. Reason for Test: X Pre-employment Random Reasonable Suspicion	, – – –		_
F. Drug Tests to be Performed:   THC, COC, PCP, OPI, AMP  G. Collection Site Address:	THC & COC Only X Other (spe	Pecify) 708392	
- DFLTSITE		(100) 777 0000	
1515 Main St	Collector Phone	e No. (123)555-9999	
MYSORE, TX 12345	Collector Fax N	o. (123)555-9999	
L STEP 2: COMPLETED BY COLLECTOR (make remarks when appro			tes.
		ne Provided, Enter Remark	Observed, Enter Remark
REMARKS EXAMPLE COC FORM - DO NOT USE - DO NOT SUBMI	IT! EXAMPLE COC FORM - DO NO	OT USE - DO NOT SUBMIT	[!
STEP 3: Collector affixes bottle seal(s) to bottle(s). Collector dates s STEP 4: CHAIN OF CUSTODY - INITIATED BY COLLECTOR AND CON		completes STEP 5 on Cop	oy 2 (MRO Copy)
I certify that the specimen given to me by the donor identified in the certification	section on Copy 2 of this form was	SPECIMEN BOTTLE(S)	RELEASED TO:
collected, labeled, sealed and released to the Delivery Service noted in accordance	with applicable Federal requirements.		
X			
Signature of Collector	AM	* 10 0	
	13 /21 08:53 AM EST PM Time of Collection	LabCorp Co	
STEP 5: COMPLETED BY DONOR	, , ,		
I certify that I provided my urine specimen to the collector; that I have not an my presence; and that the information provided on this form and on the label			ith a tamper-evident seal in
χ	Joe Donor		01 / 13 / 21
Signature of Donor	(PRINT) Donor's Name (First, I	MI, Last)	Date (Mo/Day/Yr)
Daytime Phone No. ( 919 ) 123-4567 Evening P	hone No. <u>( 919 ) 123-4567</u>	Date of Birth	11 / 01 / 68 (Mo/Day/Yr)
After the Medical Review Officer receives the test results for the spontage over-the-counter medications you may have taken. Therefore, you may necessary. If you choose to make a list, do so either on a separ INFORMATION ON THE BACK OF ANY OTHER COPY OF THE FOR	ay want to make a list of those me ate piece of paper or on the back of M. TAKE COPY 5 WITH YOU.	dications for your own rec	about prescriptions and ords. THIS LIST IS NOT
STEP 6: COMPLETED BY MEDICAL REVIEW OFFICER - PRIMARY SI In accordance with applicable Federal requirements, my verification is:	PECIMEN		
□ NEGATIVE □ POSITIVE for: □ □ DILUTE			
REFUSAL TO TEST because – check reason(s) below:  ADULTERATED (adulterant/reason):  SUBSTITUTED OTHER:		TEST CANC	ELLED
REMARKS:			
NEWAKKO.			
Signature of Medical Review Officer	(PRINT) Medical Review Officer's N	ame (First, MI, Last)	Date (Mo/Day/Yr)
STEP 7: COMPLETED BY MEDICAL REVIEW OFFICER - SPLIT SPEC	· · · · · · · · · · · · · · · · · · ·	, ,	, , ,
In accordance with applicable Federal requirements, my verification for the sp	plit specimen (if tested) is:		
RECONFIRMED for:		TEST CANC	ELLED
FAILED TO RECONFIRM for:			
REMARKS:			

(PRINT) Medical Review Officer's Name (First, MI, Last)

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SPECIMEN ID NO. 1234567890

STEP 1: COMPLETED BY COLLECTOR OR EMPLOYER REPRESENTA	ATIVE	ACCESSION NO.
A. Employer Name, Address, I.D. No. FIRSTSOURCE SOLUTIONS FIRSTSOURCE SOLUTIONS(DOT) 100 HIGHPOINT DR. STE 102 CHALFONT, PA 18914 Phone: (215)396-5500 Fax: (215)396-5528	B. MRO Name, Address, I DR. RANDY BARNET FSSOLUTIONS 100 HIGHPOINT DR., CHALFONT, PA 1891 Phone: (215)396-5500	T D.O. 37146290
C. Donor SSN or Employee I.D. No. D ONORIA		
D. Specify Testing Authority: HHS NRC Specify DOT A		RA □ FTA □ PHMSA □ USCG
E. Reason for Test: X Pre-employment Random Reasonable Suspice	cion/Cause Post Accident Return to Du	ty Follow-up Other (specify)
F. Drug Tests to be Performed:	☐ THC & COC Only 🗓 Other (sp	
G. Collection Site Address: - DFLTSITE		
- DFLISHE 1515 Main St	Collector Phon	e No. (123)555-9999
MYSORE, TX 12345		
		lo. (123)555-9999
STEP 2: COMPLETED BY COLLECTOR (make remarks when approximately between 90° and 100° F?   X  Yes   No. Enter Remark		
Temperature between 90° and 100° F? X Yes No, Enter Remark  REMARKS EXAMPLE COC FORM - DO NOT USE - DO NOT SUE		ne Provided, Enter Remark Observed, Enter Rema
REMARKS EXAMPLE COC FORM - DO NOT USE - DO NOT SUB	BMII: EXAMPLE COC FORM - DO N	OT USE - DO NOT SUBMIT:
STEP 3: Collector affixes bottle seal(s) to bottle(s). Collector date		completes STEP 5 on Copy 2 (MRO Copy)
STEP 4: CHAIN OF CUSTODY - INITIATED BY COLLECTOR AND C I certify that the specimen given to me by the donor identified in the certificat collected, labeled, sealed and released to the Delivery Service noted in accordar	tion section on Copy 2 of this form was	SPECIMEN BOTTLE(S) RELEASED TO:
X		
Signature of Collector	AM	
	/ 13 /21 08:53 AM EST PM Time of Collection	LabCorp Courier Name of Delivery Service
STEP 5: COMPLETED BY DONOR	ate (morbayitt)	Hamo of Bontoly Corrido
I certify that I provided my urine specimen to the collector; that I have not my presence; and that the information provided on this form and on the la		
x	Joe Donor	01 / 13 / 21
Signature of Donor	(PRINT) Donor's Name (First,	
Daytime Phone No. ( 919 ) 123-4567 Evening	g Phone No. <u>( 919 ) 123-4567</u>	Date of Birth <u>11 / 01 / 68</u> (Mo/Day/Yr)
After the Medical Review Officer receives the test results for the over-the-counter medications you may have taken. Therefore, you NECESSARY. If you choose to make a list, do so either on a se INFORMATION ON THE BACK OF ANY OTHER COPY OF THE FO	may want to make a list of those me parate piece of paper or on the back ORM. TAKE COPY 5 WITH YOU.	he may contact you to ask about prescriptions a edications for your own records. THIS LIST IS No
STEP 6: COMPLETED BY MEDICAL REVIEW OFFICER - PRIMARY	SPECIMEN	
In accordance with applicable Federal requirements, my verification is:  NEGATIVE POSITIVE for:		
DILUTE		TEGT CANOCILED
REFUSAL TO TEST because – check reason(s) below:  ADULTERATED (adulterant/reason):		☐ TEST CANCELLED
SUBSTITUTED		
OTHER:		
REMARKS:		
X	(DDINE) Marked David Office In A	
Signature of Medical Review Officer	(PRINT) Medical Review Officer's N	lame (First, MI, Last) Date (Mo/Day/Yr)
STEP 7: COMPLETED BY MEDICAL REVIEW OFFICER - SPLIT SP In accordance with applicable Federal requirements, my verification for the		
RECONFIRMED for:	- cpt operation (in toolers) to.	TEST CANCELLED
☐ FAILED TO RECONFIRM for:		
REMARKS:		
X		
Signature of Medical Review Officer	(PRINT) Medical Review Officer's N	ame (First, MI, Last) Date (Mo/Day/Yr)