

SPLIT SPECIMEN CANCELLATION NOTIFICATION
(49 CFR Part 40.187 & Appendix D)

Note: Information is required only for those tests where donor requested test of split

1. Medical Review Officer Information

Name: _____ Tel#: _____
Address: _____ Fax#: _____
City: _____ State: _____ Zip: _____

2. Collection Site Information

Name: _____ Tel#: _____
Address: _____
City: _____ State: _____ Zip: _____

3. Date of Collection _____

4. Specimen I.D. # _____

5. Laboratory "A" accession # _____

6. Primary Specimen Laboratory

Name: _____ Tel#: _____
Address: _____
City: _____ State: _____ Zip: _____

7. Date primary laboratory reported or certified result _____

8. Split Specimen Laboratory (check here if not applicable)

Name: _____ Tel#: _____
Address: _____
City: _____ State: _____ Zip: _____

9. Date split laboratory reported or certified split specimen result _____
(check here if not applicable)

10. Primary specimen results in the primary specimen _____
(e.g. name of drug, adulterant, etc.)

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11. Reason for split specimen failure-to-reconfirm result

- split specimen failed to reconfirm for (drug/metabolite)
- adulteration or substitution criteria not met
- split specimen reported as invalid
- split specimen not available for testing
 - split specimen not collected
 - split specimen leaked in transit to lab B
 - split specimen lost in transit to lab B
 - insufficient volume (no leakage)
- split failed to reconfirm: split specimen adulterated
- other (explain in comments)

12. Action taken by MRO

(e.g. notified employer of failure to reconfirm and requirement for recollection)

13. Additional information explaining reason for cancellation (comments)

14. Name of individual submitting the report (if not the MRO) _____

Fax or mail to:
Department of Transportation
Office of Drug and Alcohol Policy and Compliance
W62-300
1200 New Jersey Avenue, SE
Washington DC 20590
FAX: 202-366-3897