KINNECT
CREATING HEALTH CERTAINTY AT WORK

BARCODE	SECURITY TAG

Chain of Custody

DRUG & ALCOHOL COLLECTION RECORD

REQUESTING AUTHORITY / CLIENT DETAILS
KINNECT Pty Ltd
PO BOX 8264, WOOLLOONGABBA, QLD, 4102
PLEASE DO NOT POST HARD COPY RESULTS
Email results to pepresults@kinnect.com.au · Fax results to (07) 3185 0800

TEST REQUEST DETAILS

DONOR SURNAME	**REQUESTOR DETAILS** Kinnect – Ph: 1300 546 632
DONOR GIVEN NAME(S)	**KINNECT CARELEVER ID** (Healius to enter in Dr Ref field)
DATE OF BIRTH **GENDER:** ☐ M ☐ F ☐ Other	**DR CODE / BILL CODE** DR CODE: KNNCT BILL CODE: KNNCT
DONOR ADDRESS	**REASON FOR TESTING**
DONOR PHONE NUMBER	**DIRECT OBSERVATION REQUIRED** ☐ Yes ☑ No
TESTS REQUESTED ☐ Laboratory Urine Drug Screen ☐ Breath Alcohol ☐ Lab Confirmation Only: _____	☐ Laboratory Urine Drug & Alcohol Screen ☐ Instant Drug Screen ☐ Other: _____

PHOTO ID SIGHTED: ☑ Yes ☐ No	**ID TYPE**	**ID NUMBER**

DONOR CERTIFICATION & INFORMED CONSENT *(To be completed by Donor)*

I acknowledge that I have read and/or had explained to me all the information outlined below, prior to collection, as follows:

A) The reason for testing.
B) The testing procedures will be conducted in accordance with the Standard (AS/NZS 4308:2023) and if applicable, requesting employer's relevant policy.
C) The following drug or drug classes may be tested and reported: Opiates, Amphetamine type-substances, Benzodiazepines, Cocaine, Cannabinoids and Oxycodone.
D) The requirement to provide unequivocal verification of identification to the collector.
E) Collection, storage, and exchange of information relating to the drug testing of their specimen will be in accordance with the relevant privacy legislation.
F) Results will only be used for the purpose which they were obtained, including confidential communication of results to the requesting authority.
G) The right to dispute a result and the availability of the referee specimen, which is held at the laboratory, to be tested on request.

Additionally, I voluntarily declare the following medication history (optional), this information may assist with the interpretation of results or may be required by an organisation's policy.

I HAVE TAKEN THE FOLLOWING PRESCRIPTION / NON-PRESCRIPTION MEDICATIONS IN THE LAST 14 DAYS	DONOR INITIALS

By signing the specimen labels and tamper evident seals, I certify the urine specimens accompanying this chain of custody are my own and provided by me to the authorised collector. Further I certify that the specimen containers were sealed with tamper evident seals in my presence and that the information provided on this form and on the label is correct. I instruct Healius Pathology to release my results only to an authorised company representative. I understand my sample may be sent off for quality control purposes.

SIGNATURE OF DONOR	DATE

BREATH ALCOHOL ANALYSIS

INSTRUMENT SERIAL NUMBER			
INITIAL READING	**TIME**	**SECOND READING**	**TIME**

CREATININE DIPSTICK RESULTS

NORMAL		ABNORMAL		LOT NO	EXPIRY DATE	URINE APPEARANCE / COLOUR
100mg/dL	20mg/dL	100mg/dL	0mg/dL			

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CHAIN OF CUSTODY — COLLECTION RECORD

BARCODE	SECURITY TAG

DONOR SURNAME	DONOR GIVEN NAME(S)	DATE OF BIRTH

URINE COLLECTION DETAILS

TEMPERATURE °C	NUMBER OF SPECIMEN TUBES PROVIDED
32 33 34 35 36 37 38	1 2 3 4

SUPERVISION TYPE: ☑ Indirect ☐ Direct

INSTANT DRUG RESULTS

DRUG CLASS	COC	AMP	MET	MOP	BZO	THC	OTHER
N = Negative U = Not Negative X = Not Tested							

DEVICE TYPE	LOT NO	EXPIRY DATE

☑ Proceed for MS Confirmation if any drug class not-negative ☐ Sample Storage Only

COLLECTOR CERTIFICATION

COLLECTION FACILITY PREPARED AS PER AS/NZS 4308 STANDARD: ☐ Yes ☐ No	COLLECTOR IS A HEALIUS PATHOLOGY COLLECTOR: ☐ Yes ☑ No

I certify that the specimen identified on this form is that provided to me by the donor providing the certification above, that it bears the same identification as set forth above and that it has been collected, labelled, and sealed in the presence of the donor in accordance with the standard AS/NZS 4308.

I have successfully completed the AQTF approved course of instruction for urine specimen collection/screening: ☐ Yes ☐ No

COMMENTS / OBSERVATIONS		
COLLECTOR'S NAME		**COLLECTOR'S SIGNATURE**
COLLECTION DATE	**COLLECT TIME**	**COLLECTION ACC / SITE**

LABORATORY USE ONLY

RECEIVED BY (PRINT)	SIGNATURE	DATE	TIME	SEAL INTACT	LABELS MATCH
				Yes / No	Yes / No
				Yes / No	Yes / No
				Yes / No	Yes / No