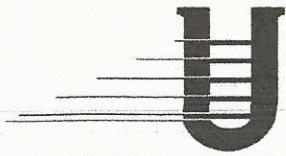


④ 12/3/2011 - Litigation Packet (selected)  
④ #1310 1D



**United States Drug Testing Laboratories**

1700 S. Mount Prospect Road Des Plaines, Illinois 60018

847.375.0770 Ph 847.375.0775 Fax

800.235.2367 Ph [www.usdtl.com](http://www.usdtl.com)

December 03, 2011

Linda Bresnahan, M.S.  
Director of Program Operations  
Physician Health Services, Inc.  
890 Winter Street  
Waltham, MA 02451-1414  
(781) 434-7342 phone  
(781) 893-5321 fax  
[Lbresnahan@mms.org](mailto:Lbresnahan@mms.org)

Re: Litigation Package 877649

Dear Ms. Bresnahan:

Enclosed is the Litigation Package for specimen 877649 you requested. If you have any questions, you may contact me at (847) 375-0770 x 8861.

Regards,

Joseph Jones  
Vice-President Laboratory Operations

# PHYSICIAN HEALTH SERVICES, INC.

A Massachusetts Medical Society corporation  
www.physicianhealth.org

Luis T. Sanchez, MD  
Director

6600 4465

850 Winter Street  
Waltham, MA 02451-1414  
(781) 434-7404 • (800) 323-2303  
Fax (781) 893-5321

Date: July 1, 2011

Fax to: Quest Diagnostics - 1180 Beacon Street, Brookline

Fax #: (617) 739-2941 (phone 617-232-5733)

SAMPLE, Blood  
HSN: 877849  
Control#: 461430  
Receive date: 07/08/11 10:46  
Profile: PEth-BLD

For collection on Friday, July 1 for PHS Participant # 1310.

Please order Test: Phosphatidyl Ethanol, USDTL Test Code PEthStat by writing this information on the chain of custody form.

> The test requires 5ml whole blood in purple, gray or green top tube.

Requested by Mary Howard: M. Howard 7/1/11

If you have any questions please call me at: (781) 434-7404

Including a copy of this fax with the chain of custody form may help with the send out by Employer Solutions. Sample to be sent for testing to:

USDTL address:  
1700 South Mount Prospect Rd.  
Des Plaines, IL 60018  
(800) 235-2367

AMISLOCA  
AMISLOCA  
D/1/11

pt. signature X [Signature]

K:\PHMS\Quon\Add-On Testing\PEth testing\PEth\_Q-Brookline2.doc

Batch 10816 07/02 A REG  
11 JKRI  
WC 461430 R  
T1Q 70087  
WC 461430 R Req  
T1Q 70081  
WC 461430 R Req

# PHYSICIAN HEALTH SERVICES, INC.

A Massachusetts Medical Society corporation

www.physicianhealth.org

Luis T. Sanchez, MD  
Director

860 Winter Street  
Waltham, MA 02451-1414  
(781) 434-7404 • (800) 322-2303  
Fax (781) 893-5321

Date: July 19, 2011

To: United States Drug Testing Laboratories

Fax: 847-375-0775

Total number of pages: 3

Account Number: PHSWMA for Physician Health Services

attn: *Kendyll*

RE: Specimen Chain of: 461430

Donor ID as listed: 461430

**Donor ID: 1310**

Collection Date: 7/1/2011

Received Date: 7/8/11

Please update the lab report to reflect the donor ID number as listed on the order:  
to 1310

Please update the lab report to reflect that chain of custody was maintained.

Requested by Mary Howard:

*M. Howard* *7/19/11*  
(signed) (date)

If you have any questions, please call Linda Bresnahan 781-434-7404



UNITED STATES DRUG TESTING LABORATORIES  
1700 S. MOUNT PROSPECT ROAD  
DES PLAINES, ILLINOIS 60018-1804  
847-375-0770 fax 847-375-0775

**Report** Luis Sanchez MD  
Physicians Health Services  
860 Winter Street  
Waltham, MA 02451

**Cust ID** PHSWMA  
**Client** Physicians Health Services  
**Location**  
**Collector**

### Sample Information

**Chain of** 461430  
**Name** NA  
**Lab Sample ID** 877649  
**Donor ID** 461430

**Test Reason** Not given  
**Type** Blood  
**Collected**  
**Received** 7/8/2011 10:46  
**Reported** 7/14/2011 18:39

### Tests Requested

Test	Result	Quantitation	Screen Limit	Confirm
PEth-BLD Phosphatidyl Ethanol (Blood)		Sample POSITIVE		
PHOSPHATIDYL ETHANOL	POSITIVE		20 ng/mL	
Phosphatidyl Ethanol ( LCMSMS )	POSITIVE	365.4 ng/mL		20.0 ng/mL



UNITED STATES DRUG TESTING LABORATORIES  
1700 S. MOUNT PROSPECT ROAD  
DES PLAINES, ILLINOIS 60018-1804  
847-375-0770 fax 847-375-0775

**Report** Luis Sanchez MD  
Physicians Health Services  
860 Winter Street  
Waltham, MA 02451

**Cust ID** PHSWMA  
**Client** Physicians Health Services  
**Location**  
**Collector**

### Sample Information

**Chain of** 1310  
**Name** NA  
**Lab Sample ID** 877649  
**Donor ID** 461430

**Test Reason** Not given  
**Type** Blood  
**Collected** 7/1/2011 00:00  
**Received** 7/8/2011 10:46  
**Reported** 7/20/2011 16:17

### Tests Requested

Test	Result	Quantitation	Screen Limit	Confirm
PETH-BLD Phosphatidyl Ethanol (Blood)		<b>Sample</b> POSITIVE		
PHOSPHATIDYL ETHANOL	POSITIVE		20 ng/mL	
Phosphatidyl Ethanol ( LCMSMS )	POSITIVE	365.4 ng/mL		20.0 ng/mL

### Sample Comments

REVISED REPORT PER CLIENTS REQUEST

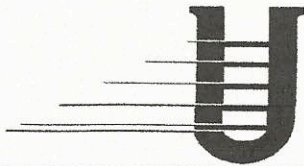
CORRECTED DONOR ID FROM 46143 TO 1310

CORRECTED COLLECTION DATE TO 07/01/2011

Internal Certification Hardcopy

07/20/2011 4:17:08 PM

Laboratory **Charles R. Bate PhD**  
Scientific Director **Douglas Lewis**



## United States Drug Testing Laboratories

1700 S. Mount Prospect Road Des Plaines, Illinois 60018

847.375.0770 Ph

847.375.0775 Fax

800.235.2367 Ph

www.usdtl.com

### SUMMARY OF RESULTS

ACCOUNT: Physician Health Services  
USDTL NUMBER: 877649  
SPECIMEN ID: 1310  
461430  
MATRIX: Blood

TEST REQUESTED: Phosphatidylethanol - Blood

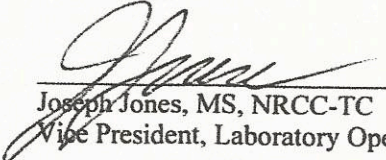
#### INITIAL TEST

METHOD:	Liquid Chromatography – Tandem Mass Spectrometry		
Drug	Cutoff (ng/mL)	Response of Specimen (ng/mL)	Result
Phosphatidylethanol	20	255.4	<b>POSITIVE</b>

#### CONFIRMATION TEST

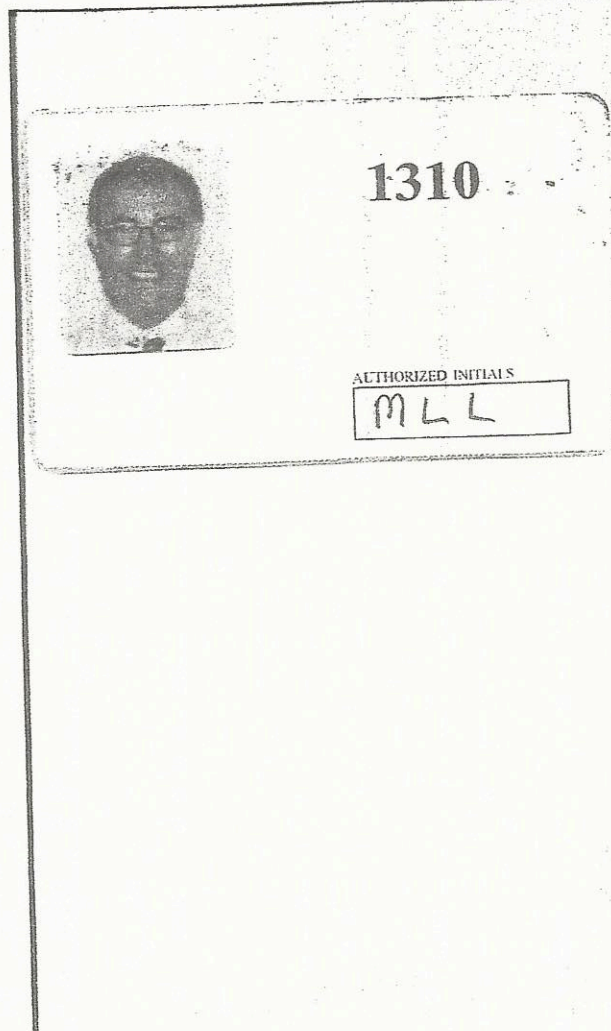
METHOD:	Liquid Chromatography – Tandem Mass Spectrometry		
Drug	Cutoff (ng/mL)	Response of Specimen (ng/mL)	Result
Phosphatidylethanol	20	365.4	<b>POSITIVE</b>

I certify that the specimen identified by the laboratory accession number above has been examined upon receipt, handled, and analyzed in accordance with this laboratory's Standard Operating Procedure.

  
Joseph Jones, MS, NRCC-TC  
Vice President, Laboratory Operations

Dec 03, 2011  
Date

fax 7/19/2011 Requesting my  
ID # 1310 Be added to an  
Already (+) test → reported to

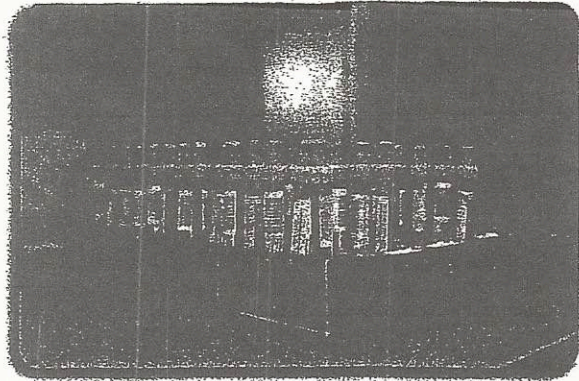


The  
Board  
that  
Pay!

# Blood collection instructions

## Materials needed for collection

- ▶ requisition form
- ▶ forensic blood collection kit
- ▶ courier exempt human specimen over-wrap



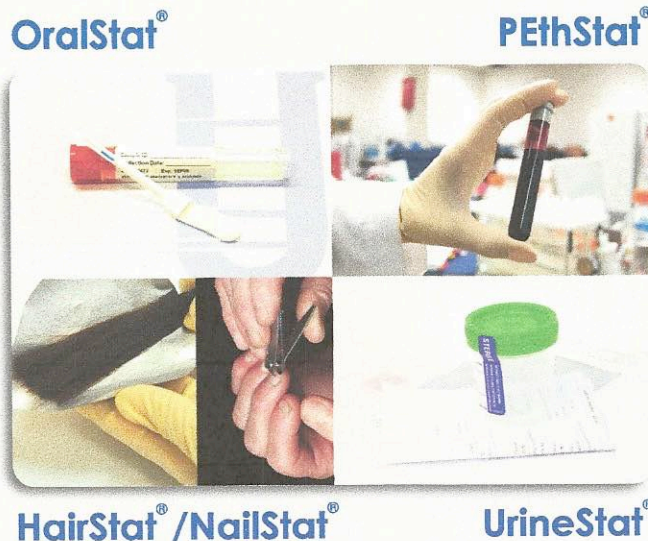
1. Verify the donor with a government-issued photo ID. (driver's license, state ID, passport)
2. Record the donor information on the requisition form.
3. Using one of the provided gray top Vacutainer tubes, execute blood draw following local Standard Operating Procedure. Discard the second vacutainer tube if not needed.
4. Peel the long chain-of-custody label from the requisition form and affix over the cap of the transport tube. Have the donor initial and date the seal. **Failure to place label over the cap will result in a "Rejected Specimen"**.
5. Have the donor print, sign and date the donor consent certification on the requisition form.
6. The collector should print, sign and date the collector certification on the requisition form.
7. Place the specimen tube(s) into the plastic tube holder.
8. Remove the adsorbent paper from the specimen bag and drape it over the tube between the two halves of the plastic tube holder.
9. Place the plastic tube holder in the specimen bag and seal the bag.
10. Place the requisition form and specimen bag into the exempt human specimen-labeled transport box and seal the box with the box seal sticker.
11. Place the transport box into the courier's exempt human specimen overwrap shipping bag. Contact your courier for pick-up.





# Forensic Drug Testing Requisition Form Instructions

1. Annotate the donor's ID number. This may be the Social Security number, Driver's License number, Medical Record number, Employee number or any other number of your choosing.
2. Annotate the donor name, last name first (optional). Verify donor identity with a government-issued photo ID.
3. Mark the sample matrix and location (if applicable).
4. Check or annotate the appropriate reason for testing.
5. Annotate the panel to be performed.
6. Annotate the collection facility if different from employer/client.
7. **For urine sample only**, annotate the specimen temperature within four minutes of collection. Mark whether split or single collection, and annotate remarks regarding collection, if any.
8. Date, sign and print collector's name.
9. Donor may date, sign and print their name (optional).
10. Affix tamper evident (barcoded) container seal(s) from the requisition form. Date the seal(s).
11. Have donor initial seal(s). Be sure to check/match the specimen identification information with the form.
12. This section is for lab use only.

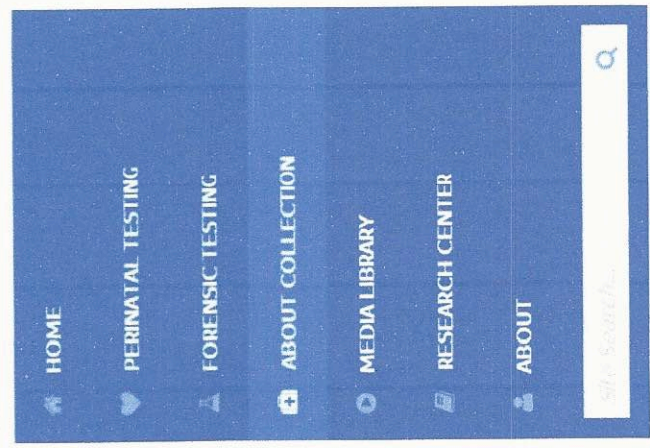




## EXAMPLE CHAIN OF CUSTODY FORMS

Home Collection Procedures Example Chain of Custody Forms

Request Literature Collector Locations Collection Supplies Blog Contact Us



### Example Chain of Custody Forms

The sample requisition form is the most important document to guarantee accurate specimen identification. Completing the requisition form properly, accurately and in its entirety is crucial. Be sure to utilize tamper evident requisition form barcode stickers provided with the requisition form. At USDTL, the tamper evident requisition form barcode sticker is a vital tool for proper identification of the specimen from the point of collection through the release of a final laboratory report. To read the requisition form instructions in detail, please follow these links.

- Newborn Requisition and Chain of Custody Form (406 KB)
- Forensic Requisition and Chain of Custody Form (932 KB)
- Tamper evident requisition form barcode sticker article (622 KB)

**CONTACT USDTL**  
1.800.235.2367

**FORENSIC DRUG TESTING CUSTODY AND CONTROL FORM**



United States Drug Testing Laboratories, Inc.  
1700 S. Mount Prospect Road | Des Plaines, IL | 60018  
Main: 847-375-0770 | www.usdtl.com | Fax: 847-375-0775

CONTROL #

3072501

**STEP 1: COMPLETED BY COLLECTOR OR AUTHORIZED REPRESENTATIVE**

A. ACCOUNT INFORMATION:		B.	
C. Donor SSN or Donor I.D. No. _____			Picture ID Verified <input type="checkbox"/>
D. Donor Name: Last: _____		First: _____	
E. Matrix:	<input type="checkbox"/> HairStat® Location of Hair <input type="checkbox"/> Head Hair <input type="checkbox"/> Body Hair	<input type="checkbox"/> NailStat™ Location of Nail <input type="checkbox"/> Finger <input type="checkbox"/> Toe	<input type="checkbox"/> OralStat™ <input type="checkbox"/> UrineStat® <input type="checkbox"/> Other
F. Reason for Test:	<input type="checkbox"/> Pre-employment <input type="checkbox"/> Return to Duty	<input type="checkbox"/> Random <input type="checkbox"/> Follow-up	<input type="checkbox"/> Reasonable Suspicion/Cause <input type="checkbox"/> Other (specify) _____
G. Drug Tests to be Performed:	<input type="checkbox"/> Default Profile	<input type="checkbox"/> 5 Drug Panel <input type="checkbox"/> 7 Drug Panel <input type="checkbox"/> 9 Drug Panel <input type="checkbox"/> 10 Drug Panel <input type="checkbox"/> 12 Drug Panel <input type="checkbox"/> 14 Drug Panel <input type="checkbox"/> 15 Drug Panel <input type="checkbox"/> 16 Drug Panel <input type="checkbox"/> 17 Drug Panel	<input type="checkbox"/> ChildGuard™ <input type="checkbox"/> NoExcuse™ <input type="checkbox"/> Other _____ <input type="checkbox"/> EtG/EtS <input type="checkbox"/> EtG500 <input type="checkbox"/> NailStat™ EtG <input type="checkbox"/> HairStat® EtG <input type="checkbox"/> PEth <input type="checkbox"/> Propofol Glucuronide <input type="checkbox"/> Confirm Only
H. Collection Site Information: _____			

**STEP 2: COMPLETED BY COLLECTOR**

Read urine specimen temperature within 4 minutes. Is temperature between 90° and 100° F? <input type="checkbox"/> Yes <input type="checkbox"/> No, Enter Remark _____	Specimen Collection: <input type="checkbox"/> Split <input type="checkbox"/> Single <input type="checkbox"/> Observed (Enter Remark) _____
---	---

REMARKS \_\_\_\_\_

**STEP 3:** Collector affixes container seal(s). Collector dates seal(s). Donor initials seal(s). Donor completes STEP 5.

**STEP 4: CHAIN OF CUSTODY - INITIATED BY COLLECTOR AND COMPLETED BY LABORATORY**

I certify that the specimen given to me by the donor identified in STEP 1 of this form was collected, labeled, sealed, and released to the Delivery Service noted in accordance with applicable requirements.

<p><input checked="" type="checkbox"/> _____ Signature of Collector</p> <p>(Print) Collector's Name (First, MI, Last) _____</p>	<p>Time of Collection _____ AM/PM</p> <p>Date (Mo./Day/Yr.) _____</p>	<b>SPECIMEN BOTTLE(S) RELEASED TO:</b>
		<p><input type="checkbox"/> USPS <input type="checkbox"/> FedEx</p> <p><input type="checkbox"/> UPS <input type="checkbox"/> Other _____</p> <p>Name of Delivery Service Transferring Specimen to Lab _____</p>

<p><b>Laboratory Certification</b></p> <p>I certify that the specimen received with this form was sealed in the appropriate container with the seal intact, and the identification number and/or name on this form matches that on the specimen, and the specimen was transferred to temporary laboratory storage.</p>	<p>Printed Lab Accession Name _____</p> <p><input checked="" type="checkbox"/> _____ Signature of Lab Accessioner</p> <p>Date _____ / ____ / ____</p>
--	---

**STEP 5: COMPLETED BY DONOR (OPTIONAL)**

I certify that I provided my specimen to the collector that I have not adulterated in any manner, each specimen was sealed with a tamper-evident seal in my presence, and that the information and numbers provided on this form and on the label affixed to each specimen is correct.

<p><input checked="" type="checkbox"/> _____ Signature of Donor</p> <p>Daytime Phone No. ( ) _____</p>	<p>(PRINT) Donor's Name (First, MI, Last) _____</p> <p>Evening Phone No. ( ) _____</p>	<p>Date (Mo./Day/Yr.) _____</p> <p>Date of Birth _____ / ____ / ____</p>
--	--	--

<p> 3072501 CONTROL NO.</p>	A		<p>USE TO SEAL SPECIMEN</p>	<p><b>SPECIMEN SEAL</b></p>	<p>Date (Mo./Day/Yr.) _____</p> <p>Donor's Initials _____</p>	<p> 3072501</p>
<p> 3072501 CONTROL NO.</p>	B		<p>USE TO SEAL SPECIMEN</p>	<p><b>SPECIMEN SEAL</b></p>	<p>Date (Mo./Day/Yr.) _____</p> <p>Donor's Initials _____</p>	<p> 3072501</p>

121 (3) 200110571 PRESS HARD - YOU ARE MAKING MULTIPLE COPIES