


<b>Department of Workforce Development</b> <b>UI Hearing Office</b> <b>P.O. Box 7975</b> <b>Madison, WI 53707</b>  Phone: (608) 266-8010 Fax: (608) 327-6498	<b>Obtain Specimen Report</b>	
	<b>Date sent:</b>	<b>Date due:</b>
	SSN: ***-**-****	
	Hearing No.:	

This form's purpose is to resolve the claimant's unemployment benefit eligibility. This information will be shared with department personnel and the parties involved in the disputed claim. Personal information you provide may be used for secondary purposes. [Privacy Law, s. 15.04(1)(m), Wis. Stats.]

1. Who obtained the specimen? \_\_\_\_\_
2. What type of specimen was obtained? \_\_\_\_\_
3. What was the date and time the specimen was obtained? \_\_\_\_\_
4. What procedures were used to identify the claimant? \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
5. Did the claimant observe the specimen being sealed?  Yes  No
6. Did the claimant initial or sign the label on the specimen container?  Yes  No
7. What did you do with the specimen after obtaining and sealing it? \_\_\_\_\_
8. Provide any other information concerning the specimen (its obtaining and/or handling). \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**CERTIFICATION** is required by an individual who can attest to the accuracy of the information provided.

I hereby certify, with full knowledge of the penalty of fine and/or imprisonment as provided in Section 943.39 of the Wisconsin Statutes, that this report, together with any attached documents, truly and correctly sets forth the above findings.

 Signature \_\_\_\_\_  
 Printed Name \_\_\_\_\_ Title \_\_\_\_\_  
 Name of Laboratory or Clinic \_\_\_\_\_  
 Address \_\_\_\_\_  
 Phone Number (\_\_\_\_\_) \_\_\_\_\_ Date: \_\_\_\_\_

**Supporting documents may be attached. However, you must still sign this form.**

**Instructions for Completing the Form**

An individual who personally can attest to the accuracy of the information provided must sign and certify this report. This is usually the person who obtained the specimen from its donor.

Make sure the completed form is returned to this office by the due date (see above).

*Special instructions for breathalyzer tests for blood alcohol:*

If the test was a breathalyzer test for alcohol, the breathalyzer analyst should answer questions 1 - 4 on the "Obtain Specimen Report" form. The analyst also should have received a second form entitled "Drug Test Report" and should answer questions 3 - 6 on that form as well. The *breathalyzer analyst* also should complete and sign the *certification on BOTH forms*.