

INSTRUCTIONS ON REVERSE SIDE
STEP 1: COMPLETED BY COLLECTOR OR EMPLOYER REPRESENTATIVE

<p>A. Employer Name, Address, I.D. No.</p>	<p>B. MRO Name, Address, Phone and Fax No.</p>
<p>C. Donor Name <input type="text"/></p> <p>Donor SSN/ID <input type="text"/></p>	
<p>D. Reason for Test: <input type="checkbox"/> Pre-employment <input type="checkbox"/> Random <input type="checkbox"/> Reasonable Suspicion/Cause <input type="checkbox"/> Post Accident (specify type) _____ <input type="checkbox"/> Return to Duty <input type="checkbox"/> Follow-up (specify) _____ <input type="checkbox"/> Other (specify) _____</p>	
<p>E. Device Used: Device Name _____ Lot Number _____ Expiration Date: Year 20 <input type="text"/> <input type="text"/> Month <input type="text"/> <input type="text"/></p>	
<p>F. Collection Site Address: _____</p> <p style="text-align: right;">Collection Site Phone No. (<input type="text"/> <input type="text"/> <input type="text"/>) <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p> <p style="text-align: right;">Collection Site Fax No. (<input type="text"/> <input type="text"/> <input type="text"/>) <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p>	

STEP 2: COMPLETED BY COLLECTOR

<p>Read specimen temperature within 4 minutes. Is temperature between 90° and 100° F? <input type="checkbox"/> Yes <input type="checkbox"/> No, Enter Remark</p>	<p><input type="checkbox"/> ID Verified <input type="checkbox"/> Observed (Enter Remark)</p>
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REMARKS

STEP 3: Collector affixes bottle seal(s) to bottle(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 above was collected, labeled, sealed and released to the Delivery Service noted below.

<p><input checked="" type="checkbox"/> _____ Signature of Collector</p> <p>_____ (PRINT) Collector's Name (First, MI, Last)</p>	<p><input type="text"/> : <input type="text"/> AM / <input type="text"/> : <input type="text"/> PM Time of Collection</p> <p><input type="text"/> / <input type="text"/> / <input type="text"/> Date (Mo./Day/Yr.)</p>	<p>SPECIMEN BOTTLE(S) RELEASED TO:</p> <p>_____ Name of Delivery Service Transferring Specimen to Lab</p>
<p>RECEIVED AT LAB:</p> <p><input checked="" type="checkbox"/> _____ Signature of Accessioner</p> <p>_____ (PRINT) Accessioner's Name (First, MI, Last)</p> <p>_____ Date (Mo./Day/Yr.)</p>	<p>Primary Specimen Bottle Seal Intact</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No, Enter Remark</p> <p>SPECIMEN BOTTLE(S) RELEASED TO:</p>	

STEP 5: COMPLETED BY DONOR

I certify that I provided my urine specimen to the collector, that I 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 on the label affixed to each specimen bottle is correct.

<p><input checked="" type="checkbox"/> _____ Signature of Donor</p> <p>(<input type="text"/> <input type="text"/>) <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Daytime Phone No.</p>	<p>_____ (PRINT) Donor's Name (First, MI, Last)</p> <p>_____ Date of Birth</p> <p>_____ (Mo./Day/Yr.)</p>	<p>_____ Date (Mo./Day/Yr.)</p>
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STEP 6: COMPLETED BY SCREENING PERSONNEL

NEGATIVE SENT TO LAB TO CONFIRM:

<input type="checkbox"/> Adulterants/SVT/Dilute	<input type="checkbox"/> Buprenorphine (BUP)	<input type="checkbox"/> Methadone (MTD)	<input type="checkbox"/> Oxycodone (OXY)
<input type="checkbox"/> Amphetamines (AMP/MAMP)	<input type="checkbox"/> Cocaine (COC)	<input type="checkbox"/> Nicotine (COT)	<input type="checkbox"/> Phencyclidine (PCP)
<input type="checkbox"/> Barbiturates (BAR)	<input type="checkbox"/> Marijuana (THC)	<input type="checkbox"/> Opiates (MOP)	<input type="checkbox"/> Propoxyphene (PPX)
<input type="checkbox"/> Benzodiazepines (BZO)	<input type="checkbox"/> MDMA		

I have received the specimen directly from the donor or collector and verified that the ID numbers on the form and the specimen container seal match. I have performed the initial testing using the screening immunoassay Point of Collection Testing device provided. I verify that the screening kit is within the expiration date and the internal controls are within specification. Results are reflected in the above marked results.

Print Screening Person Name

Signature of Screening Person

(Mo./Day/Yr.)

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<p>C. Donor Name <input type="text"/></p> <p>Donor SSN/ID <input type="text"/></p>	
<p>D. Reason for Test: <input type="checkbox"/> Pre-employment <input type="checkbox"/> Random <input type="checkbox"/> Reasonable Suspicion/Cause <input type="checkbox"/> Post Accident (specify type) _____ <input type="checkbox"/> Return to Duty <input type="checkbox"/> Follow-up (specify) _____ <input type="checkbox"/> Other (specify) _____</p>	
<p>E. Device Used: Device Name _____ Lot Number _____ Expiration Date: Year 20 <input type="text"/> <input type="text"/> Month <input type="text"/> <input type="text"/></p>	
<p>F. Collection Site Address: _____</p> <p style="text-align: right;">Collection Site Phone No. (<input type="text"/> <input type="text"/> <input type="text"/>) <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p> <p style="text-align: right;">Collection Site Fax No. (<input type="text"/> <input type="text"/> <input type="text"/>) <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p>	

STEP 2: COMPLETED BY COLLECTOR

<p>Read specimen temperature within 4 minutes. Is temperature between 90° and 100° F? <input type="checkbox"/> Yes <input type="checkbox"/> No, Enter Remark</p>	<p><input type="checkbox"/> ID Verified <input type="checkbox"/> Observed (Enter Remark)</p>
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REMARKS

STEP 3: Collector affixes bottle seal(s) to bottle(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

<p><i>I certify that the specimen given to me by the donor identified above was collected, labeled, sealed and released to the Delivery Service noted below.</i></p>		
<p>X _____ Signature of Collector</p> <p>_____ (PRINT) Collector's Name (First, MI, Last)</p>	<p><input type="text"/> : <input type="text"/> AM/PM Time of Collection</p> <p>____/____/____ Date (Mo./Day/Yr.)</p>	<p>SPECIMEN BOTTLE(S) RELEASED TO:</p> <p>_____ Name of Delivery Service Transferring Specimen to Lab</p>
<p>RECEIVED AT LAB:</p> <p>X _____ Signature of Accessioner</p> <p>_____ (PRINT) Accessioner's Name (First, MI, Last)</p> <p>_____ Date (Mo./Day/Yr.)</p>	<p>Primary Specimen Bottle Seal Intact</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No, Enter Remark</p>	<p>SPECIMEN BOTTLE(S) RELEASED TO:</p>

STEP 5: COMPLETED BY DONOR

<p><i>I certify that I provided my urine specimen to the collector, that I 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 on the label affixed to each specimen bottle is correct.</i></p>		
<p>X _____ Signature of Donor</p> <p>_____ (PRINT) Donor's Name (First, MI, Last)</p> <p>(<input type="text"/> <input type="text"/> <input type="text"/>) _____ Daytime Phone No.</p>	<p>____/____/____ Date (Mo./Day/Yr.)</p> <p>____/____/____ Date of Birth (Mo./Day/Yr.)</p>	<p>____/____/____ Date (Mo./Day/Yr.)</p>

STEP 6: COMPLETED BY MEDICAL REVIEW OFFICER

<p><i>In accordance with applicable requirements, my determination/verification is:</i></p> <p><input type="checkbox"/> NEGATIVE <input type="checkbox"/> POSITIVE <input type="checkbox"/> TEST CANCELLED <input type="checkbox"/> REFUSAL TO TEST BECAUSE <input type="checkbox"/> DILUTE <input type="checkbox"/> ADULTERATED <input type="checkbox"/> SUBSTITUTED</p>		
<p>REMARKS _____</p> <p>_____</p> <p>_____</p>		
<p>X _____ Signature of Medical Review Officer</p>	<p>_____ (PRINT) Medical Review Officer's Name (First, MI, Last)</p>	<p>____/____/____ Date (Mo./Day/Yr.)</p>

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<p>D. Reason for Test:</p> <p> <input type="checkbox"/> Pre-employment <input type="checkbox"/> Random <input type="checkbox"/> Reasonable Suspicion/Cause <input type="checkbox"/> Post Accident (specify type) _____ <input type="checkbox"/> Return to Duty <input type="checkbox"/> Follow-up (specify) _____ <input type="checkbox"/> Other (specify) _____ </p>	
<p>E. Device Used: Device Name _____</p> <p>Lot Number _____ Expiration Date: Year 20 <input type="text"/> <input type="text"/> Month <input type="text"/> <input type="text"/></p>	
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STEP 2: COMPLETED BY COLLECTOR

<p>Read specimen temperature within 4 minutes. Is temperature between 90° and 100° F?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No, Enter Remark</p>	<p><input type="checkbox"/> ID Verified</p> <p><input type="checkbox"/> Observed (Enter Remark)</p>
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REMARKS

STEP 3: Collector affixes bottle seal(s) to bottle(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

<p><i>I certify that the specimen given to me by the donor identified above was collected, labeled, sealed and released to the Delivery Service noted below.</i></p>		
<p>X _____</p> <p style="text-align: center;">Signature of Collector</p> <p>_____</p> <p style="text-align: center;">(PRINT) Collector's Name (First, MI, Last)</p>	<p><input type="text"/> : <input type="text"/> AM / <input type="text"/> : <input type="text"/> PM</p> <p style="text-align: center;">Time of Collection</p> <p>_____ / _____ / _____</p> <p style="text-align: center;">Date (Mo./Day/Yr.)</p>	<p>SPECIMEN BOTTLE(S) RELEASED TO:</p> <p>_____</p> <p style="text-align: center;">Name of Delivery Service Transferring Specimen to Lab</p>
<p>RECEIVED AT LAB:</p> <p>X _____</p> <p style="text-align: center;">Signature of Accessioner</p> <p>_____</p> <p style="text-align: center;">(PRINT) Accessioner's Name (First, MI, Last)</p> <p>_____</p> <p style="text-align: center;">Date (Mo./Day/Yr.)</p>	<p>Primary Specimen Bottle Seal Intact</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No, Enter Remark</p>	<p>SPECIMEN BOTTLE(S) RELEASED TO:</p>

STEP 5: COMPLETED BY DONOR

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<p>D. Reason for Test:</p> <table style="width:100%;"> <tr> <td><input type="checkbox"/> Pre-employment</td> <td><input type="checkbox"/> Random</td> <td><input type="checkbox"/> Reasonable Suspicion/Cause</td> <td><input type="checkbox"/> Post Accident (specify type) _____</td> </tr> <tr> <td><input type="checkbox"/> Return to Duty</td> <td><input type="checkbox"/> Follow-up (specify) _____</td> <td><input type="checkbox"/> Other (specify) _____</td> <td></td> </tr> </table>		<input type="checkbox"/> Pre-employment	<input type="checkbox"/> Random	<input type="checkbox"/> Reasonable Suspicion/Cause	<input type="checkbox"/> Post Accident (specify type) _____	<input type="checkbox"/> Return to Duty	<input type="checkbox"/> Follow-up (specify) _____	<input type="checkbox"/> Other (specify) _____	
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STEP 2: COMPLETED BY COLLECTOR

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REMARKS

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STEP 5: COMPLETED BY DONOR

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A

SPECIMEN ID NO.



PLACE OVER CAP



PLACE OVER CAP



B

SPECIMEN ID NO.

Date (Mo./Day/Yr.)

Donor's Initials

Date (Mo./Day/Yr.)

Donor's Initials

BOX SEAL

INSTRUCTIONS FOR COMPLETING THE FRONT OF THIS FORM
POCT LEGAL TOXICOLOGY CCF

SAMPLE COLLECTION PROCEDURE FOR FORENSIC
URINE DRUG SCREENS

Note: Complete all areas that are not preprinted.

Step 1: Completed by Collector or Employer Representative

A. Employer Name, When not preprinted, provide the name, address, phone number and contact person Address, **ID.** No. of the company requesting the testing services.

B. MRO: If applicable, provide the name, address, and phone number of the Medical Review Officer (MRO).

C. Donor Name: Provide the donor's name in the space provided, unless the employer has requested that the donor's name not be used. If not used and the donor refuses to provide their social security number, use some other ID like drivers license or employee ID number.

Donor SSN: Fill in the donor's social security number. It is not required that the donor provide the number; so if they refuse, use some other ID number.

D. Reason for Test: Mark the box which indicates the reason the donor has presented for testing.

E. Device Used: Mark the box which indicates the tests provided by the POCT device.

F. Collection site Complete the name and address of the collection site, if not preprinted.

Address

Collection site Complete the phone number of the collection site, if not preprinted.

Phone No.:

Collection site Complete the fax number of the collection site, if not preprinted.

Fax No.:

Step 2: Completed by Collector

Collection: Enter a remark in the REMARKS space for the reason if none was provided.
Mark the box when donor ID is verified by reviewing drivers license or other picture ID.
Mark the Observed box if an observed collection is being performed.

REMARKS: Use this remarks area to document any issues or irregularities about the collection.

Step 3: Collector closes lid and affixes bottle seal(s) to bottle(s). Collector dates seal(s). Donor initials seal(s). Donor completes STEP 5. See Sample Collection Procedure provided on this document.

Step 4: Chain of Custody – Initiated by Collector and Completed by Laboratory.

Complete the Collectors area by Printing and signing your name along with filling in the boxes with the time and date of collection. Make sure to circle AM or PM.

Document the Delivery Service provider that is transporting the specimen to the laboratory by writing in the Specimen Bottle(s) Released To: section. This could be Courier, Federal Express, Airborne, or other means.

DO NOT FILL OUT ANY INFORMATION IN THE RECEIVED AT LAB SECTION.

Step 5: Completed by Donor The donor should sign and print their name on the appropriate lines. Mark in today's date in the boxes as indicated along with writing in the donor's daytime phone number and Date of Birth. **Note:** Should the donor refuse to complete any or all of this section, complete the collection process and send the specimen to the lab. Write refused on the donor's signature line if they chose to refuse.

Distribute copies of the requisition as indicated by the marginal at the bottom of each copy. If an MRO is not used, maintain copy at collection site or shred.

Place the laboratory copy of this form in the transport container with the sample.

Seal transport container with tamper-resistant seal labeled "BOX SEAL" provided.

< This procedure follows the guidelines issued for any forensic drug collection and is based on Federal Government regulations.

< This procedure is for unobserved collections.

1. Please ask the donor to present photo identification. Check the photo identification to ensure its accuracy. If no photo identification is available, the employer's representative must identify the donor.

2. Ask the donor to remove garments such as hats, coats, or jackets that might conceal items or substances that could be used to tamper with or adulterate the individual's urine specimen. Ensure that all personal belongings such as purse or briefcase remain with the outer garments in a secure area. The individual may retain his or her wallet.

3. Instruct the donor to wash and dry hands in our view.

4. Open the prepackaged collection kit in the presence of the donor.

5. Remove the larger urine collection cup from the kit and hand it to the donor. (Do Not include or place testing cartridge in collection cup.)

6. In the privacy of the restroom have the donor collect at least 30 mls of urine specimen for a single collection. Filling the cup to the top of the temperature strip is approximately 30 mls. (Do Not fill cup above the Maximum Fill indicator.)

7. Immediately upon exiting the restroom have the donor hand the container to the collector.

8. If the donor is unable to collect 30 ml for a single collection or 45 ml for a split collection, discard the original specimen and have the donor try again after reasonable fluid consumption. Use the original cup.

9. Read and record the temperature indicator by the temperature tape at the bottom of the collection cup within 4 minutes of the collection.

10. Secure cap on POCT specimen bottle and affix specimen bottle seal labeled "A" over the cap and down the sides of the specimen bottle.

11. Affix specimen bottle seal labeled "B" on the split specimen (bottle containing at least 15 ml of urine) in the same manner.

12. The POCT device can now be set aside in a limited access area for results to be documented at a later time. (See PAML POCT device procedures for complete instructions.)

The donor can now wash their hands and is free to leave the collection site.



B-4A