

CHAPTER 4

TESTING PROCESS

Collector explains the testing process to the student

Student provides sample

Collector reads test

Collector and **Student** complete test paperwork

The top portion of the application

Collector should not test any student without both Parent and Student signatures in the top section of this form.

X	X
_____ PARENT SIGNATURE	_____ STUDENT SIGNATURE
_____ Date	_____ Date

If a parent signature is not present, send the student out of the testing area with their application so that the school coordinator can obtain verbal permission, which should be noted on the "Parent Signature" line.

Obtaining the Sample

Collector provides student with a collection container and instructs them to fill it halfway, not to flush or wash their hands, and to place the sample on a surface designated for privacy inside the restroom. Asking them to close the lid is also a good idea to seal the cup.

Collector exits the restroom but remains attentive to the sounds of water running or toilet flushing

Collector checks the restroom for signs of tampering (containers, broken tamper tape, etc.)

Collector secures sample from the student and instructs them to wash their hands or use sanitizer

Testing the sample

Collector seals the test cup and uses the plunger to activate the test

Collector checks the temperature of the specimen within 4 minutes to ensure it is 90-100 degrees

Collector checks the specimen for quantity and signs of adulteration (blue, bleach odor, etc.)

Collector, ONLY if they have concerns about the quality of the sample, uses an adulterant strip to test for adulterants in the sample

Collector reads preliminary results

****RESULTS ARE NEVER GIVEN ON SITE. NON-NEGATIVE RESULTS MUST BE
CONFIRMED BY A LAB/MRO TO BE DEEMED POSITIVE.
COLLECTORS PROCEED IDENTICALLY WITH EACH STUDENT ****

Completing Test Paperwork

Collector and **Student** complete the appropriate test form/chain of custody form WITHOUT indication of result

Step 1: This will be filled in before student arrives at restroom

DFCA FORM FOR TEST DAY (On-site device preliminary test) *DO NOT perform test unless BOTH signatures are above!*	
Step 1: ADULT NEATLY completes Donor Information (Collector/Teacher/Adult Volunteer) (Student = "Donor").	
Donor First Name: _____	Donor Last Name: _____
Donor Birthdate: ____ / ____ / ____	Time arrived to testing area: ____ : ____ am pm

Step 2: STUDENT signs certification while with collector

Step 2: STUDENT signs certification while with collector	
<i>I certify that the specimen I provided is my own and was not substituted or altered. I freely accept the testing of my specimen and sharing of my results with my parent/guardian according the DFCA policies & procedures.</i>	
Student Signature: _____	Date Test Completed: ____ / ____ /20____

Student signs and dates the form on Step 2.

Step 3: COLLECTOR completes Certification while with student

Step 3: COLLECTOR completes Certification while with student	
<i>I certify that I completed the specimen collection related to the Donor named above according the DFCA policies & procedures. To the best of my knowledge the specimen was not substituted or adulterated.</i>	
Collector Name PRINTED: _____	Date Test Completed: ____ / ____ /20____
Collector Signature: _____	Time Test Completed: ____ : ____ am pm
Collection Reason: <input type="checkbox"/> Initial test <input type="checkbox"/> Random/Follow Up Specimen temperature within acceptable range? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Collector seals the test cup and **uses the plunger to activate the test**

Collector checks the temperature of the specimen within 4 minutes to ensure it is 90-100 degrees and marks the appropriate box. If the temperature is not in range, the student will need to provide a second sample before leaving the testing area.

Collector prints name, signs, dates, and fills in the time the test was completed, **AFTER** the test has been read.

Step 4: COLLECTOR completes additional test details below AFTER student is released

Step 4: COLLECTOR completes additional test details below AFTER student is released

Test Device Read by: ☐ Same Collector as above ☐ Collector 2 PRINT Name: _____

Donor's Related Chain of Custody Form (CCF) #: _____ ☐ No CCF needed - neg

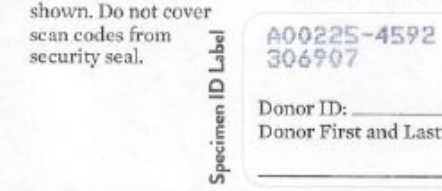
Collector's Notes: _____ Retest Needed (shy bladder, etc)

Collector should indicate if they are the ones who administered the test, or if you have a separate collector reading the test. If there is a second person involved on your team please print your name in this first section of step 4.

Collector reads preliminary results. If preliminary results are negative, the sample does not need to be sent to the lab and you will check the box in the lower right corner "No CCF needed - Negative"

Collector if preliminary results are non-negative, DONOR signs and initials lab CCF (see next page), and test cup is sealed with sticker from the lab CCF

Collector re-reads and records results on test form/chain of custody form. The student will also need to sign their name on the formal Chain of Custody form and initial the label that goes over the cup.

2 AFFIX SECURITY SEAL AND LABEL ON SPECIMEN*		Ensure collection device or container is tightly sealed per device instructions.	
1. REQUIRED: Affix security seal across the lid as shown.*		2. Instruct the donor to initial the seal.	
			
3. Optional: Place specimen ID label around device as shown. Do not cover scan codes from security seal.			
			
3 OBTAIN DONOR SIGNATURE - REQUIRED			
I certify that I provided my specimen to the collector and that I have not adulterated it in any manner. The specimen was sealed in my presence with a tamper evident seal and the information provided on this form is correct. I authorize Redwood Toxicology Laboratory to perform the tests listed and to release the results of this test to the agency or provider identified on this form or its designated agents.			
STUDENT NEEDS TO SIGN HERE		STUDENT DATES HERE	
Donor signature*		Date*	

Collector may have a student with a shy bladder. Please encourage them to go drink some water so that they can produce a sample today. If after drinking 40 ounces of water and two hours has gone by you may need to add this student to the next round of testing. If that is the case please place an X in the section for Retest Needed (shy bladder, etc.).

Collector should also feel free to write any notes or observations they witnessed that you feel you would like to share with us.

If Specimen is to be Sent to Lab

LAB CHAIN OF CUSTODY FORM INSTRUCTIONS

Lab CCF Step 1 (section 2 and 3 of CCF): COMPLETED BY STUDENT

- **Student** signs and dates CCF
- **Student** initials and dates seal/sticker

Lab CCF Step 2 (section 1 of CCF) : COMPLETED BY COLLECTOR

- **Collector** records student name, gender and date of birth (donor ID number should be left blank)

Lab CCF Step 3 (section 4 of CCF): COMPLETED BY COLLECTOR

- **Collector** records their name, the date and time of collection marks “no” for observed collection
- **Collector** signs their name
- **Collector** marks “no” for observed collection and marks that the temperature of the specimen is in the correct range
- **Collector** records the donor’s parent name and phone number from the preliminary CCF
- **Collector** marks that the test is a “Random” if collected with the random test day form, or chooses “Other” and writes in the word “*initial*” if collected with a full, signed application on Initial Test Day

Lab CCF Step 4 (section 5 of CCF): COMPLETED BY COLLECTOR

- **Collector** records the substances for which the specimen should be tested (codes can be found on the back of the CCF if needed) *A code **MUST** be recorded before sending the sample to the lab*

****Highlighted areas MUST be double checked before packaging the sample-if they arrive at the lab with missing information, the sample cannot be tested any further and the student will not become a member of DFCA****

PREPARING SAMPLE TO BE SENT TO LAB

Collector places sticker with donor’s initials over the lid of the cup

Collector places sealed cup in the front pocket of the specimen bag (with absorbing pad)

Collector places CCF in the back pocket of the specimen bag

Collector removes foil strip

Collector seals the bag right over the opening between both pockets

Collector places sample in the FedEx bag with air bill

*multiple samples can be sent in the same FedEx bag

Collector schedules FedEx pickup at the conclusion of Test Day

STUDENT’S APPLICATION OR RANDOM TEST DAY FORM DOES NOT GO TO THE LAB WITH THE SPECIMEN-SET IT ASIDE TO SEND TO DFCA’S HOME OFFICE WITH THE REST OF THE DAY’S TEST PAPERWORK

Distribute one of these to each collector to use as reference for Initial Test Day



DFCA APPLICATION & CONSENT FORM – Fill out the top half to apply!

Please fill in everything before the black line NEATLY & turn in at school with payment (if any). ...Or do it at all DrugFreeClubs.com!

	<input type="checkbox"/> Personal Check <input type="checkbox"/> Cash (check or credit card encouraged) <input type="checkbox"/> I paid online <input type="checkbox"/> Other (details _____)
Student First and Last Name: _____ School _____	
Birthdate _____ Grade (#) _____ Gender _____ Have you been a club member before? <input type="checkbox"/> Y <input type="checkbox"/> N	
Street name and Address _____ City _____ State _____ Zip _____	
Parent(s)/Guardian(s) First and Last Name: _____	
Best Parent Phone # _____ Second Phone # _____	
**Parent E-mail _____ **Student E-mail _____	

IT IS EXTREMELY IMPORTANT TO PROVIDE YOUR BEST EMAIL FOR MANY PROGRAM REASONS INCLUDING TESTING NEEDS AND UPDATES. We deeply respect your privacy and will NEVER share any of your info with anyone outside of our program's needs!

I consent to the taking of specimens for drug screening as part of an examination in connection with enrollment into Drug Free Clubs of America (DFCA), the analysis of the specimen by DFCA's necessary partners, and I authorize the release of those results to DFCA and my parent or guardian via the contact info above. I also consent to the taking of, or school's release of my (child's) photograph to be used for DFCA program purposes.

X _____ PARENT SIGNATURE Date	X _____ STUDENT SIGNATURE Date
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DO NOT WRITE BELOW THIS LINE. All payments are non refundable. *\$30 fee for each returned check for bank fees.

DFCA FORM FOR TEST DAY (On-site device preliminary test) *DO NOT perform test unless BOTH signatures are above!*

Step 1: ADULT NEATLY completes Donor Information (Collector/Teacher/Adult Volunteer) (Student = "Donor").

Donor First Name: _____ Donor Last Name: _____
 Donor Birthdate: ____/____/____ Time arrived to testing area: ____:____ am pm

Step 2: STUDENT signs certification while with collector

I certify that the specimen I provided is my own and was not substituted or altered. I freely accept the testing of my specimen and sharing of my results with my parent/guardian according the DFCA policies & procedures.

STUDENT DATES

Student Signature: **STUDENT SIGNS WHEN FINISHED** _____ Date Test Completed: ____/____/20____

Step 3: COLLECTOR completes Certification while with student

I certify that I completed the specimen collection related to the Donor named above according the DFCA policies & procedures. To the best of my knowledge the specimen was not substituted or adulterated.

Collector Name PRINTED: _____ Date Test Completed: ____/____/20____

Collector Signature: _____ Time Test Completed: ____:____ am pm

Collection Reason: ☐ Initial test ☐ Random/Follow Up Specimen temperature within acceptable range? ☐ Yes ☐ No

Step 4: COLLECTOR completes additional test details below AFTER student is released

Test Device Read by: ☐ Same Collector as above ☐ Collector 2 PRINT Name: _____

Donor's Related Chain of Custody Form (CCF) #: _____ If necessary ☐ No CCF needed - neg

Collector's Notes: _____ Retest Needed (shy bladder, etc)

DFCA APPLICATION & CONSENT FORM – Fill out the top half to apply!

Please fill in everything before the black line NEATLY & turn in at school with payment (if any). ...Or do it at all DrugFreeClubs.com!

Personal Check
Cash (check or credit card encouraged)
I paid online
Other (details _____)

Student First and Last Name: _____ School _____

Birthdate _____ Grade (#) _____ Gender _____ Have you been a club member before? Y N

Street name and Address _____ City _____ State _____ Zip _____

Parent(s)/Guardian(s) First and Last Name: _____

Best Parent Phone # _____ Second Phone # _____

****Parent E-mail** _____ ****Student E-mail** _____

****IT IS EXTREMELY IMPORTANT TO PROVIDE YOUR BEST EMAIL FOR MANY PROGRAM REASONS INCLUDING TESTING NEEDS AND UPDATES. We deeply respect your privacy and will NEVER share any of your info with anyone outside of our program's needs!**

I consent to the taking of specimens for drug screening as part of an examination in connection with enrollment into Drug Free Clubs of America (DFCA), the analysis of the specimen by DFCA's necessary partners, and I authorize the release of those results to DFCA and my parent or guardian via the contact info above. I also consent to the taking of, or school's release of my (child's) photograph to be used for DFCA program purposes.

X	X
PARENT SIGNATURE	STUDENT SIGNATURE
Date	Date

DO NOT WRITE BELOW THIS LINE. All payments are non refundable. *\$30 fee for each returned check for bank fees.

DFCA FORM FOR TEST DAY (On-site device preliminary test) *DO NOT perform test unless BOTH signatures are above!*

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Donor First Name: _____ Donor Last Name: _____

Donor Birthdate: ____/____/____ Time arrived to testing area: ____:____ am pm

Step 2: STUDENT signs certification **while with collector**

I certify that the specimen I provided is my own and was not substituted or altered. I freely accept the testing of my specimen and sharing of my results with my parent/guardian according the DFCA policies & procedures.

STUDENT DATES

Student Signature: **STUDENT SIGNS WHEN FINISHED** _____ Date Test Completed: ____/____/20____

Step 3: COLLECTOR completes Certification **while with student**

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Collector Name PRINTED: _____ Date Test Completed: ____/____/20____

Collector Signature: _____ Time Test Completed: ____:____ am pm

Collection Reason: ☐ Initial test ☐ Random/Follow Up Specimen temperature within acceptable range? ☐ Yes ☐ No

Step 4: COLLECTOR completes additional test details below **AFTER student is released**

Test Device Read by: ☐ Same Collector as above ☐ Collector 2 PRINT Name: _____

Donor's Related Chain of Custody Form (CCF) #: _____ ☐ No CCF needed - neg

Collector's Notes: _____ Retest Needed (shy bladder, etc)

COLLECTOR TO FILL OUT ALL AREAS HIGHLIGHTED IN YELLOW



1 DONOR INFORMATION

*INDICATES A REQUIRED FIELD

Donor First Name*—Donor First and Last required if Donor ID not provided.

M.I.

Gender

☐ Male ☐ Female

Donor Last Name*—Donor First and Last required if Donor ID not provided.

Donor ID Number*—Donor ID required if First and Last name not provided

Date of Birth*

 / /

Month Day Year

2 COLLECTION INFORMATION

Clinical Test Request* ☐ By not checking this box, the authorized requestor is affirming that this request is not clinical according to the description below.

This request is clinical if test result(s) are to be used for the purpose of providing information for the diagnosis, prevention, or treatment of any disease or impairment of, or the assessment of the health of, human beings. This includes if test result(s) are used for referring, offering, or making available treatment to a test subject.

Forensic Test Request—Select test reason if applicable.

☐ Random ☐ Reasonable cause ☐ Pre-employment ☐ Post-accident ☐ Other:

Collector Name*

Date of Collection*
 / /

Month Day Year

Time of Collection
 : AM ☐ PM

Observed Collection?
☐ YES ☐ NO

Specimen Temperature is within Range

☐ Yes, 90°-100°F (32°-38°C) ☐ No, enter remarks in the "collector remarks" field below.

Collector Remarks: MRD. Dr. Jerome Cooper PH: (704)660-8600 FAX: (704)658-1303

Parent Name **Parent Phone**

3 TEST REQUESTS Check the box next to the panel (or test codes) you would like to order. Testing will not be performed unless one or more requests are chosen.

☐ 5845-Amphetamines LC-MS/ MS Confirmation, Urine

☐ 5472-Cannabinoids (THC) LC-MS/ MS Confirmation, Urine

☐ 5095-Benzodiazepines LC-MS/ MS Confirmation, Urine

☐ 5093-Opiates LC-MS/ MS Confirmation, Urine

Other Test Requests Enter the test codes for any other tests to be performed. See back of form for test code list.

4 DONOR SIGNATURE

I certify that I provided my urine specimen to the collector and that I have not adulterated it in any manner. The specimen was sealed in my presence with a tamper evident seal and the information provided on this form is correct. I authorize Redwood Toxicology Laboratory to perform the tests listed and to release the results of this test to the agency or provider identified on this form or its designated agents.

STUDENT NEEDS TO SIGN, DATE, INITIAL BELOW

Donor signature*

Date*

5 COLLECTOR SIGNATURE

I certify that this specimen was collected following established protocols, and the specimen has been properly sealed and labeled.

Collector signature*

Date*

LABORATORY USE ONLY

Receiver's initials

Date

Seal Intact?

☐ YES ☐ NO

Specimen released to: **TEMPORARY STORAGE**

Testing conducted by Redwood Toxicology Laboratory, Inc., a wholly owned subsidiary of Abbott. 3650 Westwind Blvd. Santa Rosa, CA 95403 | Phone: 800-255-2159 | Fax: 707-577-0365

2-Part Form | 1 of 2
Laboratory Copy—Include with specimen when shipping.


LABELING INSTRUCTIONS

- Ensure the specimen bottle is fully closed by pressing down evenly on the lid and securely closing the lock tab.
- Affix the security seal to the specimen bottle as shown. Instruct donor to initial the seal.
- Place the sealed specimen bottle in the front portion of the collection bag.
- Fold the form and place in the rear portion of the same collection bag. Seal the bag by folding the adhesive flap to cover the black cross hatch opening.

Place Over Cap

STUDENT INITIALS

Donor Initials:

A00132-0801


Place Over Cap

AL SECURITY SEAL
CURITY SEAL SEC

A00132-0801
303849


Peel Off

Distribute one of these to each collector to use as reference for Random Test Day


RANDOM TEST DAY FORM

Step 1: ADULT NEATLY completes Donor Information (Collector/Teacher/Adult Volunteer) (Student = "Donor")

Donor Name (First and Last): _____ Donor Birthdate: ____ / ____ / ____

Parent Name: _____ Parent Phone Number: _____

Time arrived to testing area: _____ : _____ am pm

Step 2: STUDENT signs certification while with collector

I certify that the specimen I provided is my own and was not substituted or altered. I freely accept the testing of my specimen and sharing of my results with my parent/guardian according to the DFCA policies & procedures.

Student Signature: _____ Date Test Completed: ____ / ____ / 20 ____

Step 3: COLLECTOR completes certification while with student

I certify that I completed the specimen collection related to the Donor named above according to the DFCA policies & procedures. To the best of my knowledge the specimen was not substituted or adulterated.

Collector Name PRINTED: _____ Date Test Completed: ____ / ____ / 20 ____

Collector Signature: _____ Time Test Completed: _____ :

Collection Reason: <input type="checkbox"/> Random/Follow Up	Specimen temperature within acceptable range? <input type="checkbox"/> Yes <input type="checkbox"/> No
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Step 4: COLLECTOR completes additional test details below AFTER student is released

Test Device Read by: ☐ Same Collector as above ☐ Collector 2 PRINT Name: _____

Donor's Related Chain of Custody Form (CCF) #: _____ ☐ No CCF needed – neg

Collector's Notes: _____ Retest Needed (shy bladder, etc)



School _____

RANDOM TEST DAY FORM

Step 1: ADULT NEATLY completes Donor Information (Collector/Teacher/Adult Volunteer) (Student = "Donor")

Donor Name (First and Last): _____ Donor Birthdate: ____ / ____ / ____

Parent Name: _____ Parent Phone Number: _____

Time arrived to testing area: _____ : _____ am pm

Step 2: STUDENT signs certification **while with collector**

I certify that the specimen I provided is my own and was not substituted or altered. I freely accept the testing of my specimen and sharing of my results with my parent/guardian according the DFCA policies & procedures.

Student Signature: _____ Date Test Completed: ____ / ____ / 20____

Step 3: COLLECTOR completes certification **while with student**

I certify that I completed the specimen collection related to the Donor named above according to the DFCA policies & procedures. To the best of my knowledge the specimen was not substituted or adulterated.

Collector Name PRINTED: _____ Date Test Completed: ____ / ____ / 20____

Collector Signature: _____ Time Test Completed: _____ : _____

Specimen temperature within acceptable range? ☐ Yes ☐ No

Step 4: COLLECTOR completes additional test details below **AFTER student is released**

Test Device Read by: ☐ Same Collector as above ☐ Collector 2 PRINT Name: _____

Donor's Related Chain of Custody Form (CCF) #: _____ ☐ No CCF needed – neg

Collector's Notes: _____ Retest Needed (shy bladder, etc)



NON-CLINICAL TEST REQUISITION FORM

A00225-4592

Complete each section of this form as instructed below. Requested tests may not be processed if this form is not properly and fully completed.

1 PROVIDE DONOR INFORMATION

* Indicates a Required Field or Action

Donor First Name*—Donor First and Last Name required if Donor ID not provided.

Donor Last Name*—Donor First and Last Name required if Donor ID not provided.

Donor ID*—Donor ID required if First and Last Name not provided

M.I.

Gender*

Male Female

Date of Birth*

Month

Day

Year

2 AFFIX SECURITY SEAL AND LABEL ON SPECIMEN*

Ensure collection device or container is tightly sealed per device instructions.

1. REQUIRED: Affix security seal across the lid as shown.*

Place Over Cap



A00225-4592

Place Over Cap

2. Instruct the donor to initial the seal.

Examples:



STUDENT INITIALS

Donor Initials _____

3. Optional: Place specimen ID label around device as shown. Do not cover scan codes from security seal.

Specimen ID Label

A00225-4592
306907

Donor ID: _____

Donor First and Last Name: _____

3 OBTAIN DONOR SIGNATURE - REQUIRED

I certify that I provided my specimen to the collector and that I have not adulterated it in any manner. The specimen was sealed in my presence with a tamper evident seal and the information provided on this form is correct. I authorize Redwood Toxicology Laboratory to perform the tests listed and to release the results of this test to the agency or provider identified on this form or its designated agents.

STUDENT NEEDS TO SIGN HERE

STUDENT DATES HERE

Donor signature* _____

Date* _____

4 ENTER COLLECTION INFORMATION AND PROVIDE COLLECTOR SIGNATURE

Collector Name

Collection Date* (MM/DD/YY)

Collection Time

AM PM

I certify that this specimen was collected following established protocols, and the specimen has been properly sealed and labeled.

Observed collection?

☐ Yes ☒ No

Specimen temperature in range?

☐ Yes, 90°-100°F (32°-38°C) ☐ No, enter remarks in "Collector remarks" below.

Collector signature

Collector remarks: RND: Dr. Jerone Cooper PH: (704) 660-8600 FAX: (704) 658-1303

Parent Name: _____

Parent Phone: _____

TEST REQUEST IS EITHER A RANDOM OR INITIAL

Test Request Reason

☒ Random☐ Reasonable cause☐ Pre-employment☐ Post-accident☒ Other: INITIAL

5 CHOOSE TEST REQUESTS*

Check the box next to the panel (or test codes) you would like to order. Testing will not be performed unless one or more requests are chosen. Verify code(s) selected are appropriate for the specimen type. For example, selecting an OF (oral fluid) code for a urine specimen will cause delays in processing.

☐ 069-Creatinine, Urine DO NOT MARK 069

AMP-5845, BAR-5096, BUP-5292, BZO-5095

☐ COC-5463, MAMP-5845, MDMA-5845, MOP-5093

MTD-5099, OXY-5098, PPX-5482 THC-5472

COLLECTOR FILLS OUT ALL YELLOW HIGHLIGHTED
AREAS & ENTERS CODES OF NON-NEGATIVE PANEL'S
IN BOXES BELOW

STUDENT SIGNS, DATES, & INITIALS LABEL IN SECTION #2 & #3

Other Test Requests Additional fees may apply. See back of form for applicable terms.

LABORATORY
USE ONLY

Receiver's initials

Date

Seal Intact?

☐ YES ☐ NOSpecimen released to:
Temporary Storage