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.

Х		Х	
PARENT SIGNATURE	Date	STUDENT SIGNATURE	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

Step 1: ADULT NEAT Donor First Name:				Donor Last Name:			
Donor Birthdate:	/	/		Time arrived to testing area:	:	am	pn
2: STUDENT	signs cer	rtificatio	n while w	vith collector			
p 2: STUDENT signs	certification	on while v	with collecte		ept the tes	sting of my s	speci
	certification	on while v led is my o	with collecto own and was	or s not substituted or altered. I freely acc	cept the tes	sting of my s	грес
p 2: STUDENT signs ertify that the specim	certification	on while v led is my o	with collecto own and was	or	cept the tes	sting of my s	speci

Student signs and dates the form on Step 2.

Step 3: COLLECTOR completes Certification while with student

I certify that I completed the specimen collection related to th	he Donor named above according the DFC	A policies & p	procedures.
To the best of my knowledge the specimen was not substitute	ed or adulterated.		
Collector Name PRINTED:	Date Test Completed:	//20)
Collector Signature:	Time Test Completed:	_:	am pm

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 det	tails 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.



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

. Toda in in every unity ber	ore the black line NEAT	LY & turn in at sc	hool with payment (if	Personal Check Cash (check or credit ca l paid online Other (details	rd encouraged)
Student First and Last Name:					
Birthdate	Grade (#)	Gender	Have y	ou been a club member befo	re? Y N
Street name and Address			City	State Zi	p
Parent(s)/Guardian(s) First ar	nd Last Name:				
Best Parent Phone #		Se	econd Phone #		
**Parent E-mail		**\$	tudent E-mail		
**IT IS EXTREMELY IMPORTA	NT TO PROVIDE YOUR BE	EST EMAIL FOR MA	NY PROGRAM REASO	NS INCLUDING TESTING NEE	
UPDATES. We deeply respect	your privacy and will NE	√ER share any of yo	our info with anyone ou	itside of our program's needs	!
I consent to the taking of specim analysis of the specimen by DFC above. I also consent to the takir	CA's necessary partners, an	nd I authorize the relea	ase of those results to Di	FCA and my parent or guardian	
Х			X		
			6.5		
PARENT SIGNATURE		Date	STUDENT SIGNATUR	Е	Date
State of the second sections and the second sections			Variable Section Control of the Cont	E r each returned check for b	
DO NOT WRITE BEL	<u>.OW THIS LINE</u> . All pay	ments are non ref	fundable. *\$30 fee fo	r each returned check for b	oank fees.
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DFCA APPLICATION & CONSENT FORM – Fill out the top half to apply!

Please fill in everything before	the black line NEA	TLY & turn in at s	chool with payment	(if any)Or do it at	all DrugFree	Clubs.com!
				Personal Check Cash (check or control of paid online Other (details	redit card end	
Student First and Last Name:			School_			
Birthdate	Grade (#)	Gender	Have	e you been a club memb	er before?	Y N
Street name and Address			City	State	Zip	
Parent(s)/Guardian(s) First and La	ast Name:					
Best Parent Phone #		;	Second Phone #			
**Parent E-mail		**	Student E-mail			
**IT IS EXTREMELY IMPORTANT T UPDATES. We deeply respect you I consent to the taking of specimens to analysis of the specimen by DFCA's a above. I also consent to the taking of	r privacy and will NE for drug screening as p necessary partners, ar	EVER share any of part of an examination of an examination of authorize the re	your info with anyone on in connection with en lease of those results to	outside of our program' nrollment into Drug Free Co DFCA and my parent or g	s needs! lubs of America	a (DFCA), the
X		, (* · · ·)	X			
PARENT SIGNATURE		Date	STUDENT SIGNAT	URE	Date	
DO NOT WRITE BELOW	THIS LINE. All par	vments are non r	efundable *\$30 fee	for each returned che	ck for bank f	ees
DFCA FORM FOR TEST DAY						
		-	-		_	ic above:
Step 1: ADULT NEATLY comp				·	•	
Donor First Name://			Jonor Last Name: _ Time arrived to test	 ing area: :	 an	n pm
Step 2: STUDENT signs certification I produced the specimen I produced and sharing of my results with	cation while with ovided is my own	collector and was not sub	stituted or altered.	I freely accept the te		specimen
Student Signature: STUDEN	T SIGNS WHEN	FINISHED	Date Test	Completed:	//20	
Step 3: COLLECTOR completes I certify that I completed the s To the best of my knowledge t	pecimen collectior	n related to the L		e according the DFCA	policies & pr	rocedures.
Collector Name PRINTED:			Date Test	Completed:/	/20	
Collector Signature:			Time Test	t Completed:	<u>:</u>	a <mark>m pm</mark>
Collection Reason: Initial te	est Random/Fo	ollow Up Sp	ecimen temperatur	re within acceptable r	ange? □ Ye	s No
Step 4: COLLECTOR completes	s additional test d	etails below AFT	ER student is relea	<u>sed</u>		
Test Device Read by: ☐ Same (□ Collector 2	PRINT Name:			
Donor's Related Chain of Custo						
Collector's Notes:	ody Form (CCF) #:	If necesary		Retest Need	No CCF need	•



URINE DRUG TEST

Laboratory Test Requisition Form

A00132-0801



		UIRED FIELD	AGENCY INFORMAT	
COLLECTION INFORMATION Initial Test Request* By not checking this box, the authorized r is not clinical according to the description in requirement of any disease or impairment of, or the assessment of cludes if test result(s) are used for referring, offering, or making available tree or ensice Test Request* Reasonable cause Pre-employment Post-acci Pre-employment Post-acci Time of Collection* Time of Collection Time of Collection Post-acci Pre-employment Post-acci Time of Collection	ed. Date of Birth* equestor is affirming that this below. ng information for the diagnor the health of, human beings. Thatment to a test subject. Observed Co	Gender Male Female E F No Pear No No No No No No No No No N	TEST CODES AMP-5845 BAR-5096 BUP-5292 BZO-5095 COC-5463 mAMP-5845 MDMA-5845 MOP-5093 MTD-5099 DXY-5098 PPX-5482 THC-5472 fordering practitioner inter the correct information: ame: PI Number: PI Number:	COLLECTOR FILLS OUT ALL YELLOW HIGHTLIGHTS STUDENT NEEDS TO SIGN, DATE, AND INITIAL THE LABELING STRIP AT THE BOTTOM
vithin Range Yes, 90°-100°F (32°-38°C) No, er "collec	nter remarks in the	pl	hone:	
	ctor remarks field below.		TORC.	
ollector Remarks, МКД. Dr. Jeroне Соорет РН: (7 Parent Name Par	704)660-8600 F reat Phone	AX: (704)65	8-1303	
TEST REQUESTS Check the box next to the panel (or test code) \$\frac{1}{2}\$\$ \$845-Amphetamines LC-MS/MS Confirmation,}\$	es) you would like to order. Urine 5 on, Urine 5 med. See back of form for test	Pesting will not be 472-Cannabi	8-1303 e performed unless one noids (THC) LC-	or more requests are chosen. MS/ MS Confirmation, Urine irmation, Urine
TEST REQUESTS Check the box next to the panel (or test code) \$845-Amphetamines LC-MS/ MS Confirmation, \$5095-Benzodiazepines LC-MS/ MS Confirmation ther Test Requests Enterthetest codes for any other tests to be performanced.	es) you would like to order. Urine 5 on, Urine 5 med. See back of form for test	Pesting will not be 472-Cannabi	e performed unless one noids (THC) LC- LC-HS/ MS Canf	MS/ MS Confirmation, Urinitration, Urine
TEST REQUESTS Check the box next to the panel (or test code sold) 5845-Amphetamines LC-MS/ MS Confirmation, 5095-Benzodiazepines LC-MS/ MS Confirmation ther Test Requests Enterthetest codes for any other tests to be performanced.	cent Phone es) you would like to order. Urine on, Urine med. See back of form for test commation provided on this form and to release the results of the	Pesting will not be 472-Cannabi accode list.	e performed unless one noids (THC) LC- LC-HS/ MS Canf	MS/ MS Confirmation, Uring irmation, Uring Irmation, Uring Internation, Uring Internation



- 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.
- 3. 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 bagby folding the adhesive flap to cover the black cross hatch opening.





A00132-0801 303849



A00132-0801 Place Over Cap

AL SECURITY SEA CURITY SEAL SE



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

Drug Free Clubs OF AMERICA
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: / 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: ☐ 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)



School	

RANDOM TEST DAY FORM

Step 1: ADULT NEATLY completes Donor Inform	nation (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	<u>collector</u>	
I certify that the specimen I provided is my own of specimen and sharing of my results with my pare		
Student Signature:	Da	te Test Completed: / / 20
Step 3: COLLECTOR completes certification while	e with student	
I certify that I completed the specimen collection procedures. To the best of my knowledge the sp		-
Collector Name PRINTED:	Da	te Test Completed: / / 20
Collector Signature:		Fime Test Completed: :
Specimen temperatur	re within acceptable range?	□ Yes □ No
Step 4: COLLECTOR completes additional test detail	s below AFTER student is rel	<u>eased</u>
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)



306907 - Southern Hills CTC 122 Hubbard Rd Hinnfield, LA 71483-7827 Ph: 318-461-2572



A00225-4592

NON-CLINICAL TEST REQUISITION FORM

omplete each section of thi	s form as instructed below. Requested	i tests may not be proces	sed if this form is not	property and fully complete	ed.
1 PROVIDE DONG	OR INFORMATION			* Indicat	es a Required Field or Action
Oonor First Name*—Donor Fir	st and Last Name required if Donor ID not provid	ed. Donor Last N	ame*–Donor First and Las	Name required if Donor ID not prov	rided.
Donor ID*—Donor ID required if F	irst and Last Name not provided	M.I. Ge	nder* Date of Birt	h*	
		Augustia (C)			
		Male	Female Month	Day Year	
2 AFFIX SECURITY	SEAL AND LABEL ON SPEC	IMEN* En	sure collection device	or container is tightly seale	ed per device instructions
1. REQUIRED: Affix secu	rity seal across the lid as shown,*	place Over Cap 2. In	struct the donor to in	itial the seal.	Examples:
SHIMIN.	2 #	ILLY?	WII		E]***
A00225- 306907	4592	RITY	m	Donor Initials	Seru Seru
500707	4592 ADDIRITY SEAL SEC	1 Security sear Leading Security sear Leading Security search Leading	im	Dollor Illitials	Urine
2011 121					Urine
Optional: Place specim shown. Do not cover	en ID label around device as	Place Over Cap			O some
scan codes from	A00225-4592				
	306907				
Specimen ID	Donor ID:				
eci.	Donor First and Last Name:				
S					
3 OBTAIN DONO	R SIGNATURE - REQUIRED			CALL STREET	
	my specimen to the collector and that I hav	e not adulterated it in any m	anner The specimen wa	e casled in my precence with a te	umper avident seel and
the information provided	d on this form is correct. I authorize Redwo	ood Toxicology Laboratory to	perform the tests listed	and to release the results of this	test to the agency or
STUDENT N	is form or its designated agents. EEDS TO SIGN HERE			STUDENT DAT	TES HERE
Donor signature*					/
				Date*	
4 ENTER COLLECT	TION INFORMATION AND P	ROVIDE COLLECT	OR SIGNATURE	Date*	
4 ENTER COLLECT	TION INFORMATION AND P	ROVIDE COLLECT			lection Time
	TION INFORMATION AND P	ROVIDE COLLECT			lection Time
Collector Name			Collection Da		election Time
Collector Name	TION INFORMATION AND P	s, and the specimen has bee	Collection Da	re* (MM/DD/YY) Col	0 0
Collector Name I certify that this specimen w		s, and the specimen has bee Observed	Collection Da	re* (MM/DD/YY) Col	AM PM
I certify that this specimen w properly sealed and labeled.	ras collected following established protoco	s, and the specimen has bee Observed Yes	Collection Da n collection? Specin	nen temperature in range?	0 0
I certify that this specimen w properly sealed and labeled. Collector signature Collector remarks:	as collected following established protocol	s, and the specimen has bee Observed Yes 04) 660-8600	Collection Da	nen temperature in range?	No, enter remarks in
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