

URINE COLLECTION SITE PROTOCOLS AGREEMENT

PART 1 OF CHAIN OF CUSTODY FORM (COC)

Collector:

- Check that the specimen ID number at the upper right of Hennepin Healthcare (HHC) Drug Screening Consent/COC matches number on the security strip on the bottom of COC form.
- Print donor's name on line 1a COC form.
- Ask the donor to state full name and date of birth for ID match.
- Verify and document Subject's ID and Date of Birth on line 1b. Picture identification required.
- Document collection site on line 1e. *Print collection site name and address. Include a phone number for the site in case of questions. Include a fax number. If there are any errors in the chain of custody form, an affidavit will be faxed to this number. Indicate if it is not a secured fax; you will be notified before faxing.*
- Check *Urine* for specimen type

PART 2 OF COC

Donor: Check the HPSP box and write panel number.

Collector: Instruct donor to remove extra clothing and personal belongings and to wash and dry hands thoroughly.

Donor: Unwrap a HHC urine collection kit.

Collector:

- Instruct the subject to provide at least 30 milliliters of urine. This can be measured from the side of the collection container.
- Instruct the subject NOT to flush the toilet.
- The donor provides the specimen, and the collector obtains it directly from the donor.
- In the presence of the donor:
 - Tightly screw on cap of the collection container and affix the initialed/dated security seal over the top and down the sides of the container.
 - Read temperature strip within 4 minutes of collection.
 - The temperature strip changes color in sequence as the temperature changes.
 - Read the green color.
- Check in either the YES or NO boxes on line 2 if: 1) the specimen's temperature had been read within 4 minutes of its collection and 2) whether the temperature is within the acceptable range of 90°F to 100°F.
- If the temperature is not within the acceptable range inform the donor and ask for a second sample. If possible, the second sample should be visually witnessed. Both samples should be mailed to HHC. If donor refuses or is unable to void, document on COCRF and indicate in the REMARKS the actual temperature from the temperature strip. If no temperature read out was obtained, indicate whether the specimen felt hot or cold. Proceed to next step.
- An observed collection is one where the collector visually witnesses the urine sample being collected into the urine container. Check the Observed Box if it is an observed collection. Otherwise leave it unchecked.

PART3 OF COC

Donor: Sign and date the COC form and list any medications taken within the last 30 days.

PART4 OF COC

Collector:

- Sign and print name. Write collection time and date. Check *Mailer*
- Place specimen into the rear pocket of the self-sealing biohazard bag.
- Remove copy of COC form and give to donor.
- Place COC form into the front pocket of the self-sealing biohazard bag.
- Peel off the release liner from the biohazard bag and seal bag.
- Place the biohazard bag into the mailer box.
- Initial the box seal and secure it on the mailer box.

Collection site must mail specimen to HHC. The cost of mailing may be included in collection fee, or the collection site may request that the mailer be pre- posted. The cost of mailing specimens should not exceed \$3.75 or nine forever stamps – a return address of the collection site must be on box.

Participants are responsible for the cost of collections.

BLOOD COLLECTION SITE PROTOCOLS AGREEMENT

PART 1 OF CHAIN OF CUSTODY FORM (COC)

Collector:

- Check that the specimen ID number on the upper right of HHC Drug Screening Consent/COC matches number on the security strip on the bottom of COC form.
- Print donor's name on line 1a COC form.
- Ask the donor to state full name and date of birth for ID match.
- Picture identification is required. Verify and document the donor's ID and date of birth on line 1b.
- Document collection site on line 1e. (Print collection site name and full address. Include a phone number where the collector can be reached in case of questions about the collection. Include a fax number. If there are any errors in the chain of custody form, an affidavit will be faxed to this number. Please indicate if it is not a secured fax; you will be notified before faxing.)

PART 2 OF COC

Collector: Check **HPSP Panel** and write in **PEth**.

Blood collection Procedure:

- **Collector:** Follow department standard operating procedures for venipuncture collection -for PEth collect 1 **lavender-top tube** and collect the specimen directly from the donor.
- **Donor:** Date and initial security strip on the bottom of the COC form.
- **Collector:** In the presence of the donor affix the initialed and dated security seal over the top and down both sides of the container.

PART3 OF COC

Donor:

- Read *Consent* Portion in Part 3 of COC form.
- Sign and date the COC form.
- List any medications taken with the last 30 days.

PART4 OF COC

Collector:

- Sign and print name.
- Write collection time and date.
- Check *Mailer*.
- Place specimen into the rear pocket of the self-sealing biohazard bag.
- Remove copy of COC form and give to donor.
- Place COC form into the front pocket of the self-sealing biohazard bag.
- Peel off the release liner from the biohazard bag and seal bag.
- Place the biohazard bag into the mailer box.
- Initial the box seal and secure it on the mailer box.

The collection site must mail specimen to HHC. The cost of mailing may be included in collection fee, or the collection site may request that the mailer be pre-posted.

Participants are responsible for the cost of collections.

COLLECTION SITE PROTOCOLS AGREEMENT

Complete the below fields & keep the original form at the collection site:

Name of collection site						
Collection Site Representative Name & Title						
Address of Collection Site						
Phone Number				Fax Number		
Days and hours of availability						
Mon.	Tues.	Wed.	Thurs.	Fri.	Sat.	Sun.
Method of Obtaining Service						
Walk-in <input type="checkbox"/>	Call Ahead <input type="checkbox"/>	Appointment Preferred <input type="checkbox"/>		Appointment Required <input type="checkbox"/>		
HPSP Participant's Name				Cost of Collections		
The collection site will act as a collection site (collector) for other HPSP participants? YES <input type="checkbox"/> NO <input type="checkbox"/>						
Postage: Participant provides pre-stamped mail-kit <input type="checkbox"/> Postage is included in collection fee <input type="checkbox"/>						
The collection site will collect urine samples: YES <input type="checkbox"/> NO <input type="checkbox"/>						
The collection site will collect blood samples: YES <input type="checkbox"/> NO <input type="checkbox"/>						
Special Instructions:						

On behalf of the collection site, I have read, understand, and agree to adhere Collection Site Protocols.

Signature of collection site staff: _____ Date: _____