STATE OF MINNESOTA

Health Professionals Services Program

Energy Park Place, 1380 Energy Lane, Suite 202, St. Paul, MN 55108 – Phone: 651/643-2120 – Fax: 651/643-2163

Toxicology Screening Instructions

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OVERVIEW

These Toxicology Screening Instructions provide you with information about the Health Professionals Services Program's (HPSP) toxicology screening processes. It is important to your successful completion of monitoring to thoroughly review the contents. Your case manager will be happy to answer your questions and help to problem-solve any concerns you have now or as they arise during your participation.

HPSP recognizes toxicology screening is inconvenient for participants. However, not only are toxicology screens the best way to document your continued recovery but they are a helpful tool for successful recovery. A former HPSP participant has described toxicology screening as an important part of their recovery:

"Urine tox screens at first were about the only thing keeping me clean."

Toxicology screening is also a way to assure employers and treatment providers that you are maintaining your recovery.

Please note you are responsible for the costs associated with specimen collections and testing. Please contact the Hennepin County Medical Center (HCMC) lab for information about their charges. If you work for Allina (North Memorial Hospital, Park Nicollet, Methodist Hospital) or the Mayo Health System, you may be able to coordinate your urine collections through their employee health service.

IMPORTANT:

Once you have reviewed and are familiar with the Toxicology Screening Instructions, please complete and return the following forms from these Instructions to HPSP:

- ⇨ ***Participant Signed Acknowledgement Form*** (page 10);
- ⇨ ***Hennepin County Medical Center (HCMC) Account Generation*** form (page 11); and
- ⇨ If you plan to use a collection site other than HCMC, please also ensure that the collection site completes and returns the ***Collection Site Protocols Agreement*** form (page 12) to HPSP.

These forms are required at the time you sign your Participation Agreement and prior to the onset of screening.

Any arrangements related to toxicology screening that are not identified in this document require prior approval from HPSP. Also, please note in addition to urine toxicology screening, HPSP may request other biological substrates such as hair, nails and blood.

HPSP wants you to successfully complete monitoring. We encourage you to stay informed about the toxicology screening processes and to communicate immediately with your case manager whenever problems or concerns arise. Thank you for your cooperation.

HPSP CONTACT INFORMATION

Tracy Erfourth	Case Manager	(651) 642-0263
Kimberly Zillmer	Case Manager	(651) 642-0456
Marilyn Miller	Case Manager	(651) 642-0872
Mary Olympia	Case Manager	(651) 632-5099
Kurt Roberts	Case Manager	(651) 643-2177
Monica Feider	Program Manager	(651) 643-3456
	Main Line	(651) 642-0487
	Facsimile	(651) 643-2163

WHAT DO I NEED TO DO TO START SCREENING?

To start toxicology screening through HPSP: 1) You need to register with Hennepin County Medical Center (HCMC) (HCMC tests all urine specimens of HPSP participants regardless of where you live), and 2) You need to establish a collection site (collection sites are where you provide your specimens). HCMC is a pre-approved collection site.

1) Register with HCMC

Complete and return the enclosed *HCMC Account Registration* form (page 11) to HPSP. HPSP will then send the completed form to HCMC, where an account will be established for you. HCMC will send you mail kits and chain of custody forms if you are collecting somewhere other than HCMC.

IMPORTANT: Call the lab at 612/873-3018 to reorder toxicology mail kits and chain of custody forms. We ask that you have a minimum of three toxicology kits and chain of custody forms available at all times. It can take up to 14 days to receive kits, so **call early to reorder**! Not having a mail kit on a day you are scheduled to screen will not be an accepted reason for not providing a specimen.

Lab Contact Information:
Hennepin County Medical Center
701 Park Ave
Minneapolis, MN 55415
612/873-3018

2) Identify a collection site

You may have your specimens collected directly at HCMC or at an alternate location via toxicology mail kits. All alternate collection sites need to be pre-approved by HPSP. Prior to providing specimens at a collection site other than HCMC, the proposed collection site must **complete and return the *Collection Site Protocols Agreement*** form (page 12) to HPSP. The completed *Collection Site Protocols Agreement* will be used to verify that the proposed collection site can collect specimens consistent with HPSP standards. HPSP will notify you if the proposed collection site is not approved. You may have more than one collection site.

Potential Collection Sites:

- Hospital or Clinic Laboratory
- Hospital Emergency Room or Urgent Care
- Employee Health Program or Laboratory
- Paramedic Station
- Detox Center
- Probation Work Release Program
- Supervisor

Unacceptable Collectors:

- Self
- Coworker
- Friend
- Family member
- Aftercare or AA/NA group member
- Someone you supervise or employ

IMPORTANT:

- ⇨ You are responsible for completing and returning all necessary paperwork to HPSP. A delay in providing HPSP with the appropriate paperwork will not excuse you from toxicology screening.
- ⇨ It is important for you to be familiar with the information on the *Collection Site Protocols Agreement*. Please review this document closely so you can ensure your chosen collection site follows the instructions.
- ⇨ When you obtain mail-kits, place the HCMC mailing labels on the boxes so your **collection site can mail them directly to HCMC**. Please confirm with the collection site whether they want you to provide them with a pre-stamped mail-kit boxes (six forever stamps) or if they include the cost of mailing in the collection fee. **Never mail specimens to HPSP.**
- ⇨ HPSP's website has a list of potential collection sites.

HOW DO I KNOW IF I NEED TO PROVIDE A SCREEN?

Call the HPSP color code tox-line

HPSP uses a color code system to request screens:

1. You will receive a Color-Code Card upon receipt of your signed Participation Agreement. The Color-Code Card identifies your assigned colors and corresponding panel number as well as the tox-line phone numbers:
   - 888/635-3525 in greater Minnesota
   - 651/642-0389 in the Twin Cities metro area
2. You will call the tox-line every Monday through Saturday between **6:00 a.m. and 4:00 p.m. unless otherwise directed**
3. You will submit your specimen by **6:00 p.m**. on the days your color is announced
4. HPSP staff may also contact you directly to request screens

IMPORTANT:

- ⇨ **If you forget to call the tox-line by 4:00 p.m.,** HPSP encourages you to provide a specimen to avoid having a potential missed screen, which is problematic. We also encourage you to contact your case manager as soon as possible.
- ⇨ If the tox-line does *not* announce the appropriate day's color *by 6:15 a.m.*, you do not need to call again that day nor provide a specimen.

What do I need to do at the collection site?

The person collecting your urine specimen has agreed to comply with HPSP's *Collection Site Protocols Agreement* (page 12) and follow the instructions on the chain of custody form. We advise to review the *Collection Site Protocols Agreement* (page 12) so you can ensure that you and the collection site accurately complete the chain of custody forms and that you provide reliable specimens. As of May 1, 2013, collection sites will be responsible for mailing specimen mail-kits to HCMC. Please check with your proposed collection site about whether they will include the cost of the mailing in the collection fee or they would like you to provide a pre-stamped mail-kit box. March 2013 postage rates for mailing a mail-kit should not exceed $2.75 (six *Forever* stamps). There is an additional postage cost of $0.90 for tracing.

IMPORTANT - To provide reliable specimens you must:

- ⇨ Bring picture identification to the collection site;
- ⇨ Provide a **minimum of 30mL** of urine;
- ⇨ Ensure that the chain-of-custody forms are accurately completed;
- ⇨ List all prescribed and over-the-counter medications taken within the past month on the chain-of-custody form;
- ⇨ Write your color's corresponding panel number on the chain of custody form;
- ⇨ Provide another specimen if the first specimen's temperature is not within the normal range (not between 90 and 100 degrees). The second specimen should be visually witnessed if there is a same sex collector - both specimens should be sent to HCMC for testing; and
- ⇨ If you are concerned that a specimen appears dilute, you may provide another specimen, in which case only the second specimen needs to be sent to HCMC for testing; and
- ⇨ The collection site must mail the specimen directly to HCMC – you are not permitted to mail your specimens.

HPSP advises you to keep copies of your chain of custody forms as documentation that you provided the specimen for a minimum of three-months following the screen date.

WHAT PRODUCTS INTERFERE WITH SCREEN RESULTS?

You are responsible for providing reliable specimens. In relation to this, you are responsible for the foods, liquids, and other products you consume or come in contact with. As part of your monitoring, you are asked to refrain from substances/products that have been found to interfere with the screening process. These include but not limited to:

- Foods and products containing ethyl alcohol, such as:
  - Nyquil or other over the counter medications that contain alcohol or dextromethorphan (see information about the role of your primary health care practitioner below);
  - Non-Alcoholic beer or wine, such as O'Doul's
  - Cooking wine;
  - Mouthwash products that contain alcohol;
  - Salad dressings that contain wine;
  - Vitamins or herbal products suspended in alcohol;
  - Any menu item that lists a type of alcohol in the title (i.e. beer battered fish or Jack Daniels steak);

- Foods and products containing hemp seeds; and

- Foods and products containing poppy seeds.

Exposure, use, or ingestion of substances known to interfere with the toxicology screening process is not an acceptable reason for a positive toxicology screen.

IMPORTANT:

- ⇨ **It is a myth that alcohol burns off with cooking.** For information about this and products that contain alcohol, please refer to page 12 of: http://www.ars.usda.gov/SP2UserFiles/Place/12354500/Data/retn/retn06.pdf.

- ⇨ **Your primary health care practitioner (PHCP) is responsible for managing your use of all over the counter medications.** You may take aspirin, acetaminophen, anti-inflammatory agents, diphenhydramine, and antacids without your PHCP's preapproval. However, your PHCP must provide HPSP with documentation **PRE-APPROVING** your use of any other over the counter medications, including but not limited to, ephedrine, pseudoephedrine, cold, cough, and allergy medications. This approval shall indicate whether it is for a specific timeframe or for the duration of monitoring.

- ⇨ Consuming products that contain alcohol, poppy seeds or hemp seeds is not considered a valid reason for a positive screen.

"It [urine screens] gave such an added incentive to do the right thing. Thoughts of using were easily corrected by, 'I can't do that, I may have a urine tox tomorrow.' They were very necessary."

-A former HPSP participant-

WHAT ABOUT VACATIONS AND ILLNESSES?

To request time off from calling the tox-line for a planned vacation, surgery or other event, **contact your case manager at least 72 business hours in advance.** If your case manager is unavailable, please leave a message on our main line and provide the following information:

- Your name;
- Your assigned color;
- The dates you are requesting clearance; and
- The reason you are requesting clearance, including your destination if applicable.

In the event that you are given clearance from screening, you may need to provide a screen before and/or after the time you were cleared from screening. Your case manager will let you know.

If you are NOT cleared from screening, please bring mail kits with you, call the tox-line daily, and arrange for the collection of your specimen if your color is announced. If you need assistance in arranging an alternative collection site, please contact your case manager.

IMPORTANT:

⇨ **If you are unable to provide a specimen because of illness or an emergency, contact your case manager as soon as possible, but within 24 hours.**

⇨ **If you were referred to HPSP under a board disciplinary action/order,** HPSP cannot grant you clearance from screens without the pre-approval of your licensing board. Therefore, contact your case manager as much in advance as possible to request clearance. Additionally, any missed, late or otherwise problematic screens must be reported to your licensing board.

DO I NEED TO PROVIDE SCREENS ON HOLIDAYS?

All HPSP participants are exempt from calling the tox-line (unless otherwise notified) on the following state recognized holidays:

- New Year's Day
- Martin Luther King Day
- President's Day
- Memorial Day (Monday)
- Independence Day
- Labor Day
- Veterans Day
- Thanksgiving Day
- Christmas Day

"Urine screens kept me very honest in my recovery."

-A former HPSP participant-

WHAT SCREENS ARE CONSIDERED PROBLEMS?

This document describes several types of problem screen results. Please note that problem screen results may result in reports being filed with your board, treatment providers, and work site monitors, or discharge from HPSP. Information in this section should help you identify ways to minimize the possibility of having problem screen results.

- **Specimens not completed on the date of request:**
  Please ensure that you call the tox-line daily and provide specimens in response to the HPSP Color-Code System as well as upon request by HPSP staff. Contact your case manager as soon as possible if you forgot to call the tox-line.

  To ensure you remember to call the tox-line, we suggest you set your phone alarm to remind you to call the tox-line and to write down the colors of the day on a calendar, even on days your color is not called. By doing this, you will be able to see if you forgot to call the tox-line.

  In the event you forget to call the tox-line or if extenuating circumstances prevent you from providing a specimen, call your case manager immediately and provide a specimen the following day. It is much better to provide an additional screen rather than risk missing a screen.

- **Specimens that are suspect of dilution:**
  You are responsible for your own hydration. A urine specimen is reported as suspect of dilution when the creatinine level is less than 20 mg/dl and the specific gravity is less than 1.003. Dilute screens tend to appear clear or very light in color. If you provide a specimen that is suspect of dilution, HPSP will contact you to request a make-up screen. You may also be asked to provide specimens within a specific timeframe, to provide visually witnessed specimens or to obtain a medical evaluation.

  To prevent providing dilute specimens:
  - ⇨ Provide specimens as early in the day as possible;
  - ⇨ Do not drink more than 16 ounces of liquids for three hours prior to providing a specimen ;
  - ⇨ Do not take a prescribed a diuretic until providing your specimen, unless otherwise directed by your physician; and
  - ⇨ Limit your caffeine intake, as caffeine is a natural diuretic.

- **Specimens with the temperature outside the normal range:**
  The temperature of a specimen is the first indicator of the specimen's validity. Normal urine specimen temperatures are between 90 and 100 degrees.

  To avoid providing specimens with a temperature out of range we ask you to provide a minimum of 30mL of urine.

  Before you leave the collection site, ensure that the specimen you provided has a temperature within the normal range. If it does not, stay at the collection site and provide another specimen (whenever possible it should be visually witnessed). Both specimens should be mailed to HCMC for testing. You and the collection site should notify HPSP immediately of any specimens with a temperature outside of the normal range.

- **Specimens not provided between 6:00AM and 6:00PM:**
  If you are unable to provide a urine specimen by 6:00PM, contact your case manager as soon as possible to review the reason. Depending on your work schedule or other extenuating circumstances, your case manager may extend the timeframe in which screens can be provided.

- **Specimens that test positive for substances of abuse:**
  When HPSP receives a confirmed positive screen result that cannot be accounted for by a current prescription, we will contact you to discuss a possible relapse or cause for the positive screen. All positive immunoassay results are confirmed by gas chromatography mass spectrometry (GCMS) before they are reported to HPSP.

- **Specimens that test positive due to a prescription:**
  Notify your case manager within 24 hours of receiving a prescription for a controlled substance and ensure HPSP receives copies of prescriptions for all controlled substances you are prescribed within three business days of obtaining the prescription. If you have not provided HPSP with a copy of your prescription, HPSP has the discretion to ask you to refrain from practice until verification can be made that you have a valid prescription.

- **Specimens that test positive for alcohol with bacteria and/or yeast present:**
  HPSP will notify you of specimens that test positive for alcohol and indicate the presence of bacteria or yeast. HPSP may ask that you provide a make-up screen and that you obtain a medical evaluation to address the cause of positive result.

- **Specimens with insufficient urine to produce a testable sample:**
  Please ensure that you provide at least 30mL of urine. If you are unable to produce enough urine, drink 16 ounces of water, wait one hour, and provide another specimen.

- **Specimens that are adulterated or substituted:**
  You are responsible for the food, liquids, and other substances you consume. Both adulterated and substituted specimens are indicators of REFUSAL to TEST and will result in a report being filed with your licensing board, treatment providers and work site monitors, and discharge from HPSP.

IMPORTANT:

⇨ **If you have a pattern of problem screen results, HPSP may:**
- Modify your Monitoring Plan;
- Extend your length of monitoring;
- Request a substance abuse or medical evaluation;
- File a report with your licensing board;
- Notify your providers and work site monitors; and/or
- Discharge you from the program.

⇨ **HPSP staff will contact you** as we become aware of problem screens. Follow-up on problem screens may be delayed, as mailed specimens take time to arrive at the lab to be processed.

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Participant Signed Acknowledgement

Complete and return this form to HPSP

This form is provided to you in conjunction with the Toxicology Screening Instructions. After reviewing the document, complete and return this form to HPSP with your signed Participation Agreement or as otherwise requested.

As part of HPSP's toxicology screening process, I agree to:

1) **Register with Hennepin County Medical Center (HCMC)**

   Complete and return the tan attached ***HCMC Account Generation*** form to HPSP.

2) **Establish a Collection Site**

   I will provide my urine specimens at the following preapproved sights (check all that apply):

   _____ HCMC _____Mayo EHS (Rochester)* _____ Park Nicollet EHS* _____Methodist EHS*

   **Participants must be employees and should contact employee or occupational health programs to register prior to providing specimens*

   OR

   I will provide my urine specimens at:

   ___ Other - If choosing this option, provide the two attached ***Collection Site Protocols Agreement*** forms (page 12) to the proposed collection site. The proposed collection site must complete and return the form to HPSP.

   The proposed collection site(s) is: _____

   _____

I have read and understand the information provided in the Toxicology Screening Instructions and I authorize HPSP to communicate with my specimen collectors and lab regarding the collection or screening processes or results.

_____	_____	_____
Print Name	**Signature**	**Date**

Thank you for your continued cooperation.

2013-12-26.HPSP.Signed.Acknowledgement.Form

HENNEPIN COUNTY MEDICAL CENTER (HCMC)
REQUEST FOR INFORMATION
CLIENT ACCOUNT GENERATION FOR HPSP PARTICIPANTS

******Return to HPSP with other tox paperwork when completed******

BILLING INFORMATION	
Title	
First Name	
Last Name	
Street Address	
Street Address 2	
City	
State	
Zip	
Home Phone	
Cell Phone	
Work Phone	
Date of Birth	
Social Security Number	
If bills are to be submitted to the client's health insurance, the client **MUST VERIFY IN ADVANCE** that the health insurance will pay for this testing service. If they will, please provide the following information:	
Insurance Company	
Street Address	
Street Address 2	
City	
State	
Zip	
Policy Number	
Group Number	

ICD-9 Code:	304.90
Date form faxed:	
New:	
Amended:	

SPECIMEN COLLECTION INFORMATION	
Specimen will be collected at:	
	HCMC
	Offsite – SEND KITS
	Both – SEND KITS
Type of collection: Urine	
If the collections are to be performed off site and you wish to have mailers and chain of custody forms sent to the collection site instead of your home address, please indicate the following information **AFTER CONTACTING THE COLLECTION SITE TO CONFIRM** that mailers can be sent to the designated site.	
Agency Name	
Contact Person	
Street Address	
Street Address 2	
City	
State	
Zip	
Phone	

CONFIDENTIAL RESULTS/REPORTS TO
Fax results to : Health Professionals Services Program - 651/643-2163
If results are to be faxed to a second location, please complete the following information:
Organization name:
Contact person:
Fax number:

HPSP PANEL INFORMATION (HPSP will complete this section)				
	P 1			P 9
	P 4			P 10
	P 5			P 11
	P 7			P 12

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COLLECTION SITE PROTOCOLS AGREEMENT

Please fax this form to HPSP and keep original at the collection site

As a proposed collection site for the Health Professionals Services Program (HPSP), I agree to ensure the following conditions are adhered to in the collection of urine toxicology screens of HPSP participants:

1. In the lavatory, it is preferred that the water supply is turned off and blue dye is put in the toilet. If the water supply cannot be turned off, it is sufficient to use only blue dye.
2. A chain of custody form must be fully completed for each specimen provided.
3. The HPSP participant (donor) must provide the collector with proof of picture identification, such as a driver's license or passport prior to providing a specimen.
4. The donor ensures that the correct panel number is written on the chain of custody form (Part II of form).
5. The collector and donor complete information on collection cup.
6. Prior to entering the lavatory, the collector informs the donor that a minimum of 30mLof urine is required, asks the donor to empty their pockets, leave coats, purses, briefcases, etc., outside the lavatory and to wash their hands.
7. The collector obtains the specimen cup as the donor exits the lavatory and documents the specimen's temperature on the chain of custody form (this must be done within four minutes of receipt of the specimen):
   b. GREEN indicates the temperature is within the normal range (between 90 and 100 degrees)
   c. BLUE indicates that the temperature is higher than the normal range (>100 degrees)
   d. TAN-BROWN indicates that the temperature is lower than the normal range <90 degrees)
   e. If only BLUE and TAN are visible (no green), swirl the specimen container, as the correct temperature is midway between the two values.
   f. **If the specimen is NOT between 90 and 100 degrees**, the collector will inform the donor that **another specimen is required**, as the first specimen is not valid. Whenever possible and the genders of the collector and the donor are the same, the collector will visually witness the collection of the second specimen. Both specimens should be sent to HCMC for testing. The collector will immediately notify HPSP of any specimens provided with a temperature out of range.
   g. If the specimen appears dilute, the donor has the option to provide a second specimen on the same day and only the second specimen needs to be sent to HCMC for testing.
8. The donor documents medications taken within the last 30 days and signs the chain of custody form (Part 3 of chain of form).
9. The collector and the donor must print and sign their full names and the date on the chain of custody form (Parts 3 & 4 of form).
10. The collector will indicate on the chain of custody form whether the specimen was placed in a mailer, a locked box or provided directly to the lab. (Part 4 of form)
11. Please note that everyone that handles the specimen must sign the chain of custody form.

NOTES:
1) *HPSP asks that collectors* ***contact HPSP immediately*** *if they suspect the donor of tampering with the specimen and*
2) *If setting up accounts for collection fees, please set them up in the participant's name as PARTICIPANTS ARE RESPONSIBLE FOR COLLECTION FEES.*
3) *HPSP asks that* ***collection sites mail specimens to HCMC*** *(participants can provide the collector with pre-paid mailer box or the collector can include the cost of mailing the specimen in the collection fee - as of 10/15/2013, the cost should not exceed* ***$2.75.*** *Tracking costs an additional $0.90. If weighing the box to determine cost, use cost associated with first class packages (parcel) – not letters.*

PLEASE PRINT THE FOLLOWING:

Name of collection site:							
Collection site representative/Title:							
Address:							
Phone number:				Fax number:			
Hours of availability:	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Method of Obtaining Service: ❍ Walk in ❍ Call ahead ❍ Appointment Preferred ❍ Appointment Required							
HPSP participant name:				Cost of Collections:			
The collection site will act as a collection site (collector) for other HPSP participants: ❍ YES ❍ NO							
Postage Instruction: Donor must provide pre-stamped mail-kit ❍ *OR* Cost of collection will be added to collection fee ❍							
Special Instructions:							

On behalf of the collection site, I have read, understand, and agree to ensure the above noted collection site protocols are adhered to in the collection of urine specimens for HPSP participants:

Signature: _____ **Date:** _____