APPENDIX A

of

Participation Agreement

Toxicology Screening Instructions

Please use this QR code to visit the HPSP website and view an important educational video regarding the toxicology screening process.
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**PLEASE CALL YOUR CASE MANAGER WITH QUESTIONS.**

YOU CAN ALSO REACH HPSP AT:
  651/643-2120 (router)
  651/642-0487 (receptionist)
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 this document. Your case manager is happy to answer your questions and to help resolve any concerns you have now or as they arise during your participation in monitoring.

HPSP recognizes toxicology screening may be inconvenient for participants. However, not only are toxicology screens the best way to document your continued recovery, they are a helpful tool for successful recovery. Exit surveys from HPSP frequently include statements about the helpfulness of toxicology screening in sustaining recovery.

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 screening 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 your employee health service.

IMPORTANT:

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

- 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, you must also ensure that the collection site completes and returns to HPSP the Collection Site Protocols Agreement form (pages 12-13).

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. Please note that, 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 communicate immediately with your case manager whenever problems or concerns arise. Thank you for your cooperation.
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 Generation** 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 your collection site is other than HCMC.

   **IMPORTANT:** Call HCMC 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. **Alternate collection sites must be pre-approved by HPSP.** Prior to providing specimens at a collection site other than HCMC, the proposed collection site **must complete and return** to HPSP the **Collection Site Protocols Agreement** form (page 12-13). 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
   • Co-worker
   • 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 thoroughly to ensure your chosen collection site follows the instructions.
- When you obtain mail-kits, place the HCMC mailing labels on the boxes to ensure your collection site mails specimens directly to HCMC. Please confirm with the collection site whether you need to provide the site with pre-stamped mail-kit boxes or if the cost of mailing is included in the collection fee. **Never mail specimens to HPSP.**
- HPSP’s website has a list of potential collection sites – see the toxicology section.
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 Tox Card upon receipt of your signed Participation Agreement. The Tox Card identifies your assigned color(s) and corresponding panel number(s) 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 5:00 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 5:00 p.m., provide a specimen to avoid having a potential missed screen and notify your case manager as soon as possible.
⇒ If you are unable to provide a specimen by 6:00 p.m., HCMC’s laboratory is open 24 hours per day for HPSP participants. If the door to the lab is not open, please call the lab at 612/873-3018 and let them know you are an HPSP participant. Also, call your case manager to provide the reason for the late collection.
⇒ If the tox-line does not announce a color for the day you are calling 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 you to review the Collection Site Protocols Agreement to ensure that you and the collector accurately complete the chain of custody forms and that you provide reliable specimens.

Collection sites are responsible for mailing specimen mail-kits to HCMC. As noted, please check with your proposed collection site about whether the cost of mailing is included in the collection fee or whether you must provide a pre-stamped mail-kit box. As of January 21, 2018, postage rates for mailing a mail-kit should not exceed $3.75 or eight (8) forever stamps.

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 (normal range is between 90 and 100 degrees). The second specimen should be visually witnessed if there is a same sex collector and 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 for a minimum of three-months following the screen date as documentation that you provided the specimen.
WHAT PRODUCTS INTERFERE WITH SCREEN RESULTS?

You are responsible for providing reliable specimens. Specifically, you are responsible for the foods, liquids, and other products you consume or come into contact with. As a participant in monitoring, you are asked to refrain from consuming or coming into contact with substances/products that have been found to interfere with the screening process. These include but are 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 to, use of, or ingestion of any substance known to interfere with the toxicology screening process is not an acceptable reason for a positive toxicology screen.

IMPORTANT:

专卖 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.

专卖 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.

专卖 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 call the HPSP main line (651/642-0487) and provide the following information:

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

In the event that you are given clearance from screening, you may need to provide a screen immediately before and/or immediately after the time you are cleared from screening. Your case manager will let you know the date(s) on which you must provide specimens.

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. A list of potential collection sites can be found on HPSP’s website at: [https://mn.gov/boards/hpsp/toxicology/](https://mn.gov/boards/hpsp/toxicology/). If you need assistance in arranging an alternate 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.
- Please note that HPSP generally does not clear persons from screening during the first six months of monitoring and on a case by case basis thereafter.

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
- Presidents’ 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 screens may result in reports being filed with your regulatory board, treatment providers, and work site monitors, and may result in your discharge from HPSP. Information in this section will help you identify ways to minimize the possibility of problem screen results.

- **Specimens not completed on the date of request:**
  Please 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 forget to call the tox-line.

  To ensure that you remember to call the tox-line, we suggest you set your phone or other alarm to remind you to call the tox-line and write down the color(s) of the day on a calendar, even on days your color is not called. By doing this, you will 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 specimens 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, provide visually witnessed specimens or 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 diuretic until after 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 the normal 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 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, HPSP staff 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 being 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 the 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 regulatory board, treatment providers and work site monitors, and possible discharge from HPSP.

**IMPORTANT:**

⇒ If you have a problem screen result, HPSP may:
  - Modify your Monitoring Plan;
  - Extend your length of monitoring;
  - Request a substance use or medical evaluation;
  - File a report with your regulatory board;
  - Notify your treatment providers and work site monitors; and/or
  - Discharge you from the program.

⇒ HPSP staff will contact you as soon as HPSP becomes aware of problem screen results. Follow-up on problem screen results may be delayed, as mailed specimens take time to arrive at the lab to be processed.
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 (page 11).

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 attached *Collection Site Protocols Agreement* form (page 12) to the proposed collection site. The proposed collection site must complete and return a copy of the form to HPSP. The proposed collection site(s) is: ______________________________________________________
   Additional Collection Site Protocols Agreement forms can be found on HPSP’s website at:  
   [https://mn.gov/boards/hpsp/toxicology/](https://mn.gov/boards/hpsp/toxicology/).

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.
**BILLING INFORMATION**

<table>
<thead>
<tr>
<th>Title</th>
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<tbody>
<tr>
<td>First Name</td>
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<tr>
<td>Last Name</td>
<td></td>
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<tr>
<td>Street Address</td>
<td></td>
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<tr>
<td>Street Address 2</td>
<td></td>
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<tr>
<td>City</td>
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<td>State</td>
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<td>Zip</td>
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<td>Home Phone</td>
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<td>Cell Phone</td>
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<tr>
<td>Work Phone</td>
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<tr>
<td>Date of Birth</td>
<td></td>
</tr>
<tr>
<td>Social Security Number</td>
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</tbody>
</table>

**SPECIMEN COLLECTION INFORMATION**

specimen will be collected at:

- HCMC
- Offsite – SEND KITS
- Both – SEND KITS

Type of collection: Urine

If urine collections are to be performed somewhere other than HCMC and you wish to have mailers and chain of custody forms sent to the collection site instead of your home address, please provide the following information **AFTER CONTACTING THE COLLECTION SITE TO CONFIRM** that mailers can be sent there.

<table>
<thead>
<tr>
<th>Agency Name</th>
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<tbody>
<tr>
<td>Contact Person</td>
<td></td>
</tr>
<tr>
<td>Street Address</td>
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<tr>
<td>Street Address 2</td>
<td></td>
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<tr>
<td>City</td>
<td></td>
</tr>
<tr>
<td>State</td>
<td></td>
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<tr>
<td>Zip</td>
<td></td>
</tr>
<tr>
<td>Phone</td>
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**CONFIDENTIAL RESULTS WILL BE SENT TO**

Health Professionals Services Program  
Fax number: 651-643-2163

If you would like your results faxed to another organization, complete below:

<table>
<thead>
<tr>
<th>Organization name:</th>
<th></th>
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</thead>
<tbody>
<tr>
<td>Contact person:</td>
<td></td>
</tr>
<tr>
<td>Fax number:</td>
<td></td>
</tr>
</tbody>
</table>

**HPSP COMPLETES THIS SECTION**

<table>
<thead>
<tr>
<th>P1</th>
<th>New: □</th>
<th>CaseID#</th>
</tr>
</thead>
<tbody>
<tr>
<td>P4</td>
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</tr>
<tr>
<td>P5</td>
<td>Name Change □</td>
<td>MR#</td>
</tr>
<tr>
<td>P7</td>
<td>Panel Change □</td>
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</tr>
<tr>
<td>P9</td>
<td>Color Change □</td>
<td></td>
</tr>
<tr>
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<td>Address Change □</td>
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</tr>
<tr>
<td>P11</td>
<td>Date Faxed:</td>
<td></td>
</tr>
<tr>
<td>P12</td>
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</tbody>
</table>
COLLECTION SITE PROTOCOLS AGREEMENT

PART 1 OF CHAIN OF CUSTODY FORM (COC)

Collector:
- Check that the specimen ID number on the upper right of HCMC 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 1c. (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.)
- 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 HCMC 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 or not 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 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.

PART 3 OF COC

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

PART 4 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 HCMC.
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 eight forever stamps.

Participants are responsible for the cost of collections.
**COLLECTION SITE PROTOCOLS AGREEMENT**

*Please provide us with the following information:*

<table>
<thead>
<tr>
<th>Name of collection site:</th>
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<table>
<thead>
<tr>
<th>Collection site representative/Title:</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Address:</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Phone number:</th>
<th>Fax number:</th>
</tr>
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|---------------------------------|------|------|------|--------|------|------|------|

<table>
<thead>
<tr>
<th>Method of Obtaining Service:</th>
<th>walk in</th>
<th>call ahead</th>
<th>Appointment Preferred</th>
<th>Appointment Required</th>
</tr>
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</table>

<table>
<thead>
<tr>
<th>HPSP participant name:</th>
<th>Cost of Collections:</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>The collection site will act as a collection site (collector) for other HPSP participants:</th>
<th>YES</th>
<th>NO</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Postage Instruction:</th>
<th>Donor must provide pre-stamped mail-kit</th>
<th>OR</th>
<th>Postage is included in collection fee</th>
</tr>
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</table>

<table>
<thead>
<tr>
<th>Special Instructions:</th>
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**On behalf of the collection site, I have read, understand, and agree to adhere Collection Site Protocols.**

**Signature: ____________________________ Date: ____________________**

*Please keep original form at the collection site.*