

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.

Table of Contents

OVERVIEW	3
WHAT DO I NEED TO DO TO START SCREENING?	4
To start toxicology screening through HPSP you need to	4
Hennepin Healthcare (HHC)	4
HOW DO I KNOW IF I NEED TO PROVIDE A SCREEN?	6
Call the HPSP color code tox-line or check the HPSP portal	6
What do I need to do at the collection site?	6
WHAT PRODUCTS INTERFERE WITH SCREEN RESULTS?	7
WHAT ABOUT CLEARANCE FROM SCREENING?	8
DO I NEED TO PROVIDE SCREENS ON HOLIDAYS?	9
WHAT SCREENS ARE CONSIDERED PROBLEMS?	9
PARTICIPANT SIGNED ACKNOWLEDGEMENT	12
HENNEPIN HEALTHCARE (HHC) ACCOUNT GENERATION FORM FOR HPSP	
PARTICIPANTS	13
URINE COLLECTION SITE PROTOCOLS AGREEMENT	14
BLOOD COLLECTION SITE PROTOCOLS AGREEMENT	15
COLLECTION SITE PROTOCOLS AGREEMENT	16
CREATING A USPS ACCOUNT	17

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 available to address your questions and concerns throughout your monitoring.

HPSP recognizes toxicology screening may be inconvenient for participants. However, toxicology screens effectively document and support ongoing recovery. Toxicology screening is also a way to assure employers and treatment providers that you are maintaining your recovery.

NOTE: You are responsible for the costs associated with specimen collections and testing. Contact the Hennepin Healthcare (HHC) lab for information about screening charges. You may be able to coordinate your urine collections through your employee health service. It's important to pay your bill with HHC and have a consistent payment schedule set up to pay. Should HHC no longer allow you to collect due to an unpaid bill, termination from HPSP will result.

IMPORTANT:

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

- **Participant Signed Acknowledgement** form (page 12)
- **Hennepin Healthcare (HHC) Account Generation** form (page 13) and
- If you plan to use a collection site other than HHC, you must ensure that the collection site completes and returns to HPSP the **Collection Site Protocols Agreement** form (page 16) There is a collection site search tool on the HPSP Portal landing page [Collection site search](#) – if you do not see your collection site on the list you will need to have the lab supervisor complete the **Collection Site Protocols Agreement** form.

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 blood (PETH), hair, and/or nails.

We encourage you to communicate immediately with your case manager whenever problems or concerns arise. Thank you for your cooperation.

PLEASE CALL YOUR CASE MANAGER WITH QUESTIONS.

YOU CAN ALSO REACH HPSP AT:

651-642-0487 (Main Line)

WHAT DO I NEED TO DO TO START SCREENING?

To start toxicology screening through HPSP you need to:

1. Complete and return the enclosed participant signed acknowledgement form (Page 12), to HPSP, and
2. establish a collection site (collection sites are where you provide your specimens). HHC is a pre-approved collection site. For other approved collection sites with active agreements, please review the search feature on the HPSP website [Collection Site Search](#).

Hennepin Healthcare (HHC)

IMPORTANT: Need more kits and chain of custody forms? Call Hennepin Healthcare at 612/873-3018 or email them at ms.clab.toxtesting@hcmcd.org 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 prepare early to reorder!

Inability to provide a specimen due to a lack of screening kits will be considered a problem screen.

Lab Contact Information:

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

Directions to HHC: Park at the main hospital ramp attached to the main hospital. The address for that is: 615 South 6th Street, Mpls, MN 55415. Proceed to the skyway level to check in. Cross the skyway, you will be on the 2nd floor of the purple building. Take elevators to 4th floor. Look for Clinical Laboratories sign. Tell staffs at the front desk area, you are here for a HPSP collection.

IMPORTANT: Promptly inform your case manager of any toxicology screening issues, such as forgetting to check the color(s) of the day or collecting a specimen after the 6:00 PM deadline.

If you are asked to provide a PETH test, go to Hennepin Healthcare Clinic & Specialty Center Lab before 3:30pm Monday-Friday or you may complete this with your primary clinic or other HPSP approved site.

Lab Contact Information:

715 S. 8th Street
Minneapolis, MN 55404
P: 612/873-6963

Directions for PETH: If you are asked to provide a PETH test, go to Hennepin Healthcare Clinic & Specialty Center Lab. There is a parking ramp beneath the building. That address is 821 Park Ave. S, Mpls, MN 55415. Otherwise, there are street parking available. Proceed to the 2nd floor and check in at client services area. Please identify yourself here for an unscheduled HPSP Peth collection.

Lab Contact Information:

715 S. 8th Street
Minneapolis, MN 55404
Phone: 612/873-6963.

Identify a Collection Site

You may have your specimens collected directly at HHC or at an alternate location using toxicology mail kits. Alternate collection sites must receive prior approval from HPSP. To verify if a collection site is pre-approved, use the “Search Collection Sites” tool available on the portal landing page.

If you wish to use a collection site that is not pre-approved, the site must complete and return the **Collection Site Protocols Agreement** form (page 16) to HPSP. This process ensures the site can collect specimens in accordance with HPSP standards. HPSP will notify you if the proposed site is not approved.

You may designate more than one collection site for your convenience.

Potential Collection Sites	Unacceptable Collectors
<ul style="list-style-type: none">➤ Hospital or Clinic Laboratory➤ Hospital Emergency Room or Urgent Care➤ Employee Health Program or Laboratory➤ Paramedic Station➤ Detox Center➤ Probation Work Release Program➤ Supervisor	<ul style="list-style-type: none">➤ 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.
- 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 HHC mailing labels on the boxes to ensure your collection site mails specimens directly to HHC. 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.
- The mail-kits must have the collection site listed as the return address.

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

Call the HPSP color code tox-line or check the HPSP portal

HPSP uses a color system to request screens.

- You will receive a letter/email upon receipt of your signed Participation Agreement. The letter/email identifies your assigned color(s) and corresponding panel number(s) as well as the tox-line phone numbers and portal link:
 - 888/635-3525 in greater Minnesota
 - 651/642-0389 in the Twin Cities metro area
 - <https://hpsp.hlb.state.mn.us/#/Login>
- You will call the tox-line and/or check the portal Monday through Friday between 4:00 a.m. and 5:00 p.m. to get the color(s) of the day.
- You need to submit your specimen by 6:00 p.m. on the day your color(s) is called
- HPSP staff may also contact you directly to request additional screens

WHAT IF I FORGET TO CALL OR CHECK THE PORTAL FOR THE COLOR(S) OF THE DAY:

- If you forget to call the tox-line by 5:00 p.m., check the portal. If your color was called contact your case manager.
- HHC'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 appears to be out of service or does not announce the correct date, please check the portal. If the portal does not show the appropriate date or is not accessible, call the tox-line. If neither system works, please communicate with your case manager.

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 14-16) 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 HHC. 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. See page 17 for creating a USPS account.

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, signed and dated by you and the collector.
- List all prescribed and over-the-counter medications taken within the past 30 days on the chain-of-custody form.
- Write your color and panel number on the chain of custody form. Not doing so may result in additional charges when screens get processed correctly.
- If the first specimen's temperature is not within the normal range (normal range is between 90 and 100 degrees), remain at the collection site and provide a second specimen. This should be visually witnessed if there is a same sex collector and both specimens should be sent to HHC for testing; and
- If you are concerned that a specimen appears dilute, you may provide another specimen, and
- The collection site must mail the specimen directly to HHC. You are not permitted to mail your specimens.

HPSP advises you to keep copies of your chain of custody forms following the screen date as documentation that you provided the specimen.

If you have questions or concerns about your collection, contact your case manager.

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)
 - Kombucha
 - 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
 - Products containing CBD (i.e. teas, lotions, balms)
 - 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:

- **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 care practitioner (PCP) 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 PCP's preapproval. However, your PCP 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.

"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 CLEARANCE FROM SCREENING?

To request time off from screening, **contact your case manager at least 72 business hours in advance.** If your case manager is unavailable, please call the HPSP mainline (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 supporting documents.
- Please furnish a gas receipt from your trip if traveling by car upon your return.

If you are given clearance from screening, you may need to provide a screen immediately before and/or 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, bring mail kits with you, call the tox-line daily or check the portal, and arrange for the collection of your specimen if your color is called. A search list of potential collection sites can be found on HPSP's portal, this is not an exhaustive list. 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 **within 24 hours**. In the event of illness please obtain a doctor's note indicating your illness warrants missing work.
- HPSP does not approve clearance from screening during the first six months of monitoring. If you have planned travel, alert your case manager prior to signing your Participation Agreement. If you do not communicate in advance, you will be expected to screen while traveling.
- In the event of an emergency, please get medically stable and contact your case manager to coordinate next steps. Retain all copies of your visit summary and send to your case manager.

DO I NEED TO PROVIDE SCREENS ON HOLIDAYS?

All HPSP participants are exempt from screening on the following state recognized holidays:

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

"Urine screens kept me very honest in my recovery." -A former HPSP participant-

WHAT IS CONSIDERED A "PROBLEM SCREEN"?

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 or check the portal and provide specimens in response to the HPSP color code system, as well as upon request by HPSP staff. Notify your case manager as

soon as possible if you forget to call the tox-line or check the portal.

To ensure that you remember to check the color, we suggest you set your phone or other alarm to remind you and write down the color(s) of the day on a calendar, even on days your color is not called. By doing this, you would be able to see if you forgot.

In the event you forget or if extenuating circumstances prevent you from providing a specimen, call your case manager immediately and provide a specimen the following day. It is 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/observed 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, provide a minimum of 30mL of urine.

Before you leave the collection site, ensure that the specimen 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/observed). Both specimens should be mailed to HHC 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 4:00AM and 6:00PM:**

If you are unable to provide a urine specimen by 6:00PM, contact your case manager immediately.

➤ **Specimens that test positive:**

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 return to use or cause for the positive screen. All positive results are confirmed before being reported to HPSP. HHC does charge you for confirmations.

- **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 72 hours** 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:**
Ensure that you provide at least 30mL of urine. If you are unable to produce enough urine, drink water, wait one hour, and provide another specimen. Please follow any policies of the collection site.
- **Specimens that are adulterated or substituted:**
Adulterated and substituted specimens are considered a 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 due to shipping & processing times.

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 Healthcare (HHC)

Complete and return the attached **HHC Account Generation** form to HPSP (page 13).

2.) Establish a Collection Site

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

HHC

Mayo EHS (Rochester)*

Park Nicollet 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

The proposed collection site must complete and return a copy of the **Collection Site Protocols Agreement** form (page 16) to HPSP, if not already in the approved potential collection sites list. 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/>.

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.

HENNEPIN HEALTHCARE (HHC) ACCOUNT GENERATION FORM FOR HPSP PARTICIPANTS

*****Complete and return this form to HPSP*****

BILLING INFORMATION		SPECIMEN COLLECTION INFORMATION																									
Title		Specimen will be collected at:																									
First Name			Hennepin Health Care																								
Last Name			Offsite – SEND KITS																								
Street Address			Both – SEND KITS																								
Street Address 2		Type of collection: Urine																									
City		If urine collections are to be performed somewhere other than HHC 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.																									
State																											
Zip																											
Home Phone																											
Cell Phone		Agency Name																									
Work Phone		Contact Person																									
Date of Birth		Street Address																									
Are you a Mayo Employee? Yes <input type="checkbox"/> No <input type="checkbox"/>		Street Address 2																									
		City																									
		State																									
		Zip																									
Are you a Park Nicollet Employee? Yes <input type="checkbox"/> No <input type="checkbox"/>		Phone																									
		CONFIDENTIAL RESULTS WILL BE SENT TO																									
		If you would like your results faxed to another organization, complete below: Organization name: Contact person: Fax number:																									
				HPSP COMPLETES THIS SECTION																							
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">P1</td> <td style="width: 40%;"></td> <td style="width: 20%;">New: <input type="checkbox"/></td> <td rowspan="2" style="width: 30%; text-align: center; vertical-align: middle;">CaseID#</td> </tr> <tr> <td>P4</td> <td></td> <td>Amended <input type="checkbox"/></td> </tr> <tr> <td>P5</td> <td></td> <td>Name Change <input type="checkbox"/></td> <td rowspan="2" style="text-align: center; vertical-align: middle;">MR#</td> </tr> <tr> <td>P7</td> <td></td> <td>Panel Change <input type="checkbox"/></td> </tr> <tr> <td>P9</td> <td></td> <td>Color Change <input type="checkbox"/></td> <td rowspan="4"></td> </tr> <tr> <td>P10</td> <td></td> <td>Address Change <input type="checkbox"/></td> </tr> <tr> <td>P11</td> <td></td> <td rowspan="2">Date Faxed:</td> </tr> <tr> <td>P12</td> <td></td> </tr> </table>				P1		New: <input type="checkbox"/>	CaseID#	P4		Amended <input type="checkbox"/>	P5		Name Change <input type="checkbox"/>	MR#	P7		Panel Change <input type="checkbox"/>	P9		Color Change <input type="checkbox"/>		P10		Address Change <input type="checkbox"/>	P11		Date Faxed:
		P1		New: <input type="checkbox"/>	CaseID#																						
		P4		Amended <input type="checkbox"/>																							
		P5		Name Change <input type="checkbox"/>	MR#																						
		P7		Panel Change <input type="checkbox"/>																							
		P9		Color Change <input type="checkbox"/>																							
		P10		Address Change <input type="checkbox"/>																							
		P11		Date Faxed:																							
P12																											
Health Professionals Services Program Fax number: 651-797-1380																											

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:						

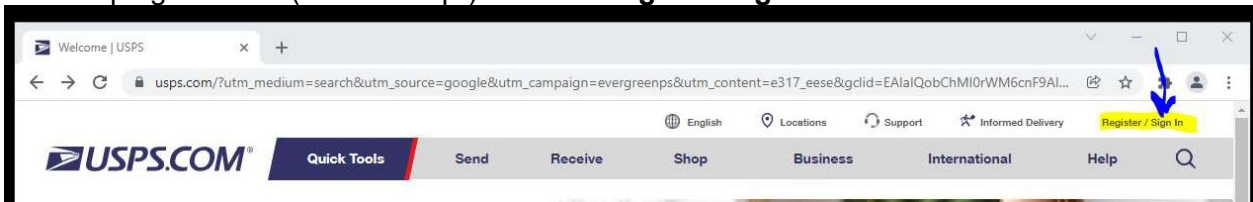
On behalf of the collection site, I have read, understand, and agree to adhere Collection Site Protocols.

Signature of collection site staff: _____ Date: _____

CREATING A USPS ACCOUNT

Some collection sites have had difficulty mailing toxicology kits to Hennepin Healthcare Center. To address this, you may create an account with the USPS and create mailing labels to affix to the toxicology kits. The following instructions are provided to assist you develop an account with the USPS.

1. Go to www.usps.com
2. In the top right corner (above “Help”) click on “**Register/Sign In**”



- a. Sign into your account at www.usps.com
- b. Select the “**Click-N-Ship**” icon



- c. Select *Priority Mail – Small Flat Rate Box* which will include tracking
- d. Enter the below address for the label recipient. Return address should be the collection site.

HHC - Toxicology Laboratory, P4
701Park Ave. S.
Minneapolis, MN 55415

- e. Pay and print the label and affix it to the collection box
3. You will be directed to log in to an existing account or to create a new account. If you do not have an existing account, click on “**Sign Up Now**” and follow the instructions for establishing an account.
 4. Now that you have an account, you can create mailing labels with tracking.