

# **Chain of Custody Request**

# **Client Information (required)**

				,	
Client Name			Patient ID (Medical Record No.)		
Client Account No.			Patient Name (Last, First, Middle)		
Client Phone			Sex	Birth Date (m	m-dd-yyyy)
Street Address		Collection Date (mm-dd-yyyy)	Time	□ am □ pm	
City	State	ZIP Code	MCL Internal Use Only		
Submitting Provider Inform	ation (requ	lired)			
Submitting/Referring Provider Name (Last, First)		]			
Fill in only if Call Back is required.					
Phone (with area code)	Fax* (with area code)				
Provider's National I.D. (NPI)			1		

Patient Information (required)

\*Fax number given must be from a fax machine that complies with applicable HIPAA regulation.

Both pages of the original form must accompany the specimen to Mayo Clinic Laboratories. Photocopies and faxes are not valid for Chain of Custody testing. It is the client's responsibility to maintain documentation of the order.

# All items in this section below must be completed or Chain of Custody will not be complete. Incomplete Chain of Custody will result in delay of processing or inability to process as Chain of Custody. (required)

Custody Change (required)	Responsible Party (required)	Print Name (Last, First, Middle) (required)	<b>Sign</b> (required)	Date (mm-dd-yyyy) (required)
Specimen provided for testing	<b>Donor Full Name</b> , or Legal Representative or Medical Staff (if donor unable to sign)			
Specimen received and sealed	Collector			

### This section below will be filled out by Mayo Clinic Laboratories personnel upon receipt of the specimen. (required)

Custody Change	Responsible Party	Print Name (Last, First, Middle)	<b>Sign</b>	Date (mm-dd-yyyy)
(required)	(required)	(required)	(required)	(required)
Specimen received by Mayo Clinic Clinical and Forensic Toxicology Laboratory	Mayo Clinic Lab Personnel			

#### Ship specimens to:

Mayo Clinic Laboratories 3050 Superior Drive NW Rochester, MN 55901

### Customer Service: 855-516-8404

Visit www.MayoClinicLabs.com for the most up-to-date test and shipping information.

# • An itemized

- An itemized invoice will be sent each month.
- Payment terms are net 30 days.

Call the Business Office with billing related questions: 800-447-6424 (US and Canada) 507-266-5490 (outside the US)

# Patient Information (required)

Patient ID (Medical Record No.)	Patient Name (Last, First, Middle)
Birth Date (mm-dd-yyyy)	Client Account No.

# Mayo Clinic Laboratories does not perform workplace drug testing.

URINE TES	TING
CDAUX	Drug Abuse Panel with Confirmation, Chain of Custody, Random, Urine
□ CDA5X	Drug Abuse Survey with Confirmation, Panel 5, Chain of Custody, Random, Urine
🗆 CDA7X	Drug Abuse Survey with Confirmation, Panel 9, Chain of Custody, Random, Urine
□ PDSUX	Drug Screen, Prescription/Over the Counter, Chain of Custody, Random, Urine
PANOX	Pain Clinic Survey 10, Chain of Custody, Radom, Urine
D OXYSX	Oxycodone Screen, Chain of Custody, Random, Urine
🗆 ADLTX	Adulterants Survey, Chain of Custody, Random, Urine
INDIVIDUA	L URINE DRUG TESTING
□ 6MAMX	6-Monoacetylmorphine, Chain of Custody, Random, Urine
🗆 АМРНХ	Amphetamines Confirmation, Chain of Custody, Random Urine
🗆 BARBX	Barbiturates Confirmation, Chain of Custody, Random, Urine
🗆 BNZX	Benzodiazepines Confirmation, Chain of Custody, Random, Urine
□ BUPMX	Buprenorphine and Norbuprenorphine, Chain of Custody, Random, Urine

	<u> </u>
COKEX	Cocaine and Metabolite Confirmation, Chain of Custody, Random, Urine
	,
□ FENTX	Fentanyl and Metabolite Confirmation,
	Chain of Custody, Random, Urine
MTDNX	Methadone Confirmation,
	Chain of Custody, Random, Urine
🗆 OPATX	Opiates Confirmation, Chain of Custody, Random, Urine
	Oxycodone with Metabolite Confirmation,
	Chain of Custody, Random, Urine
D PCPX	Phencyclidine Confirmation,
	Chain of Custody, Random, Urine
□ THCX	Carboxy-Tetrahydrocannabinol (THC)
	Confirmation, Chain of Custody,
	Random, Urine
🗆 VLTUX	Volatile Screen, Chain of Custody,
	Random, Urine
Urine temper	ature is within range of 90.5° F to 99.8° F
□ Yes	□ No □ Not measured
ľ	f No, record temperature:
BLOOD TES	STING
□ ALCX	Ethanol, Chain of Custody, Blood
U VLTBX	Volatile Screen, Chain of Custody, Blood
□ DSSX	Drug Screen Prescription/Over the Counter, Chain of Custody, Serum
	Fentanyl and Metabolite, Chain of Custody,

<u>g</u>			
MECONIUM	ITESTING		
□ DSM4X	Drugs of Abuse Screen 4, Chain of Custody, Meconium		
□ DSM5X	Drugs of Abuse Screen 5, Chain of Custody, Meconium		
	6-Monoacetylmorphine (6-MAM) Confirmation, Chain of Custody, Meconium		
□ AMPMX	Amphetamines-Type Stimulants Confirmation, Chain of Custody, Meconium		
□ ТНСМХ	11-nor-Delta-9-Tetrahydrocannabinol- 9-Carboxylic Acid (Carboxy-THC) Confirmation, Chain of Custody, Meconium		
🗆 СОКМХ	Cocaine and Metabolite Confirmation, Chain of Custody, Meconium		
🗆 ОРТМХ	Opiate Confirmation, Chain of Custody, Meconium		
🗆 РСРМХ	Phencyclidine (PCP) Confirmation, Chain of Custody, Meconium		
ADDITIONAL TESTS (indicate test code and name)			

## REMARKS

### **Urine Collection Procedure**

- 1. Remove transport bag, collection cup, transport bottle, temperature strips and security tape from the Chain of Custody Kit.
- 2. Complete the Patient Information and Test sections of this form.
- 3. If this is an **unwitnessed collection**, do not allow the donor into rest room until steps below are followed. This will decrease the possibility for an adulterated collection.
  - a. Add bluing to the toilet water.
  - b. Tape the top of the toilet tank closed.
  - c. Secure sink and soap dispensers with tape.
  - d. Clear all areas, including cupboards and garbage containers, of agents that could be added to urine to void testing results.
  - e. Do not allow coats, bags, etc. that could conceal adulteration material.
- Verify donor's identity. Instruct donor not to flush toilet or run water during collection. Give collection cup to donor and tell them to contribute a minimum of 60 mL of urine.

### **Following Collection**

- 5. Immediately verify sufficient volume was collected and check sample integrity by examining appearance, odor or other unusual characteristics.
- 6. Immediately record temperature, if required.
- Have donor sign and date form under Donor Signature/Date/Printed Name. (If donor is not able to sign, a legal representative or medical staff member may provide their own Full Name/Sign/Date.)
- 8. **Pour a minimum of 30 mL** from the collection cup into the 60 mL urine transport bottle.

- 9. Collection personnel sign or initial and date a security tape and seal over the cap of the specimen.
- 10. **Indicate 2 patient identifiers on the specimen container.** Either write these identifiers on the container or place a label with these identifiers on the container. Identifiers must match the information that was completed at the top of the form.
  - a. Patient name or unique patient identifier.
  - b. Patient number, hospital or specimen number, or birth date. Do **not** place security tape over these identifiers.
- 11. Indicate if a split specimen was collected or if there were collection problems.
- When specimens are sealed, print collector's name and sign and date form under Collector Signature/Date/Printed Name.
  Note: Date must match date on the security tape.
- 13. Place specimen into rear pouch of transport bag and seal pouch by removing blue tape.
- 14. Place **Chain of Custody form with original signatures** into the front pouch. Forward to Mayo Clinic Laboratories.
  - If blood, serum, or meconium is collected, complete steps 1, 2, 5, 7, 9, 10, 11, 12, 13, and 14.
  - During multiple meconium collections, document each collection date, time, and name of collector in the remarks field.
  - Blood or serum collection—Do NOT use alcohol or alcohol prep to clean arm before collection.