



## 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 TESTING	MECONIUM TESTING
<input type="checkbox"/> CDAUX Drug Abuse Panel with Confirmation, Chain of Custody, Random, Urine <input type="checkbox"/> CDA5X Drug Abuse Survey with Confirmation, Panel 5, Chain of Custody, Random, Urine <input type="checkbox"/> CDA7X Drug Abuse Survey with Confirmation, Panel 9, Chain of Custody, Random, Urine <input type="checkbox"/> PDSUX Drug Screen, Prescription/Over the Counter, Chain of Custody, Random, Urine <input type="checkbox"/> PANOX Pain Clinic Survey 10, Chain of Custody, Random, Urine <input type="checkbox"/> OXYSX Oxycodone Screen, Chain of Custody, Random, Urine <input type="checkbox"/> ADLTX Adulterants Survey, Chain of Custody, Random, Urine	<input type="checkbox"/> DSM4X Drugs of Abuse Screen 4, Chain of Custody, Meconium <input type="checkbox"/> DSM5X Drugs of Abuse Screen 5, Chain of Custody, Meconium <input type="checkbox"/> MAMMX 6-Monoacetylmorphine (6-MAM) Confirmation, Chain of Custody, Meconium <input type="checkbox"/> AMPMX Amphetamines-Type Stimulants Confirmation, Chain of Custody, Meconium <input type="checkbox"/> THCMX 11-nor-Delta-9-Tetrahydrocannabinol-9-Carboxylic Acid (Carboxy-THC) Confirmation, Chain of Custody, Meconium <input type="checkbox"/> COKMX Cocaine and Metabolite Confirmation, Chain of Custody, Meconium <input type="checkbox"/> OPTMX Opiate Confirmation, Chain of Custody, Meconium <input type="checkbox"/> PCPMX Phencyclidine (PCP) Confirmation, Chain of Custody, Meconium
INDIVIDUAL URINE DRUG TESTING	
<input type="checkbox"/> 6MAMX 6-Monoacetylmorphine, Chain of Custody, Random, Urine <input type="checkbox"/> AMPHX Amphetamines Confirmation, Chain of Custody, Random Urine <input type="checkbox"/> BARBX Barbiturates Confirmation, Chain of Custody, Random, Urine <input type="checkbox"/> BNZX Benzodiazepines Confirmation, Chain of Custody, Random, Urine <input type="checkbox"/> BUPMX Buprenorphine and Norbuprenorphine, Chain of Custody, Random, Urine	
<input type="checkbox"/> COKEX Cocaine and Metabolite Confirmation, Chain of Custody, Random, Urine <input type="checkbox"/> FENTX Fentanyl and Metabolite Confirmation, Chain of Custody, Random, Urine <input type="checkbox"/> MTDNX Methadone Confirmation, Chain of Custody, Random, Urine <input type="checkbox"/> OPATX Opiates Confirmation, Chain of Custody, Random, Urine <input type="checkbox"/> OXYCX Oxycodone with Metabolite Confirmation, Chain of Custody, Random, Urine <input type="checkbox"/> PCPX Phencyclidine Confirmation, Chain of Custody, Random, Urine <input type="checkbox"/> THCX Carboxy-Tetrahydrocannabinol (THC) Confirmation, Chain of Custody, Random, Urine <input type="checkbox"/> VLTUX Volatile Screen, Chain of Custody, Random, Urine	
Urine temperature is within range of 90.5° F to 99.8° F <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not measured If No, record temperature: _____	
BLOOD TESTING	
<input type="checkbox"/> ALCX Ethanol, Chain of Custody, Blood <input type="checkbox"/> VLTBX Volatile Screen, Chain of Custody, Blood <input type="checkbox"/> DSSX Drug Screen Prescription/Over the Counter, Chain of Custody, Serum <input type="checkbox"/> FNTSX Fentanyl and Metabolite, Chain of Custody, Serum	
ADDITIONAL TESTS (indicate test code and name)	
REMARKS	

### Urine Collection Procedure

- Remove transport bag, collection cup, transport bottle, temperature strips and security tape from the Chain of Custody Kit.
- Complete the **Patient Information** and **Test** sections of this form.
- 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.
  - Add bluing to the toilet water.
  - Tape the top of the toilet tank closed.
  - Secure sink and soap dispensers with tape.
  - Clear all areas, including cupboards and garbage containers, of agents that could be added to urine to void testing results.
  - 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

- Immediately verify sufficient volume was collected and check sample integrity by examining appearance, odor or other unusual characteristics.
- 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.)
- Pour a minimum of 30 mL** from the collection cup into the 60 mL urine transport bottle.

- Collection personnel sign or initial and date a security tape and seal over the cap of the specimen.
- 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.
  - Patient name or unique patient identifier.
  - Patient number, hospital or specimen number, or birth date.  
Do **not** place security tape over these identifiers.
- 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.
- Place specimen into rear pouch of transport bag and seal pouch by removing blue tape.
- 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.**