

Confidence in testing.

Specimen shipping

SENDING YOUR URINE OR SALIVA SPECIMENS TO THE LAB

TRAINING PRESENTATION





Preparing specimens for the laboratory



Screening and confirmation services are available through Redwood Toxicology Laboratory.

You can send an instant on-site collection device (presumptive positives only), or you can send specimens collected using an appropriate urine or oral fluid container.

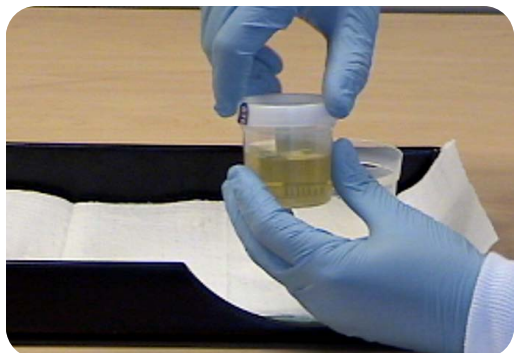
Follow these easy steps to send your specimens to the lab:



Ensure containers
are tightly sealed

Secure collection containers

With the donor watching, tightly seal the container lid/cap.



URINE COLLECTION CUPS: Double check to make sure the cup lid or cap is tightened securely.



ORAL FLUID DEVICES: Double check to make sure the collection chamber is tightened securely.



PACKAGING NOTICE

Leaky specimens may be returned to your agency or destroyed by the shipping provider.



Prepare test
request forms

Drug Test Request Forms

Test requisition forms will be provided when ordering tests through the lab. Forms for urine specimens are different from oral fluid test request forms. Please use the appropriate form for the specimen type being sent.

The sample cannot be processed without the information supplied on the test request form. If the test request form does not accompany the specimen, testing will be delayed.

For each specimen, the form should be completed with a water-resistant marker, such as a blue or black ball point pen (red color is not recommended since it tends to rub off).

The image displays two overlapping laboratory test requisition forms. The top form is for a 'Urine Drug Test' and the bottom form is for an 'Oral Fluid Drug Test'. Both forms include fields for Specimen Date, ID, Collector, and Client. They feature a 'CHAIN OF CUSTODY' section with 'DATE', 'INITIALS', and 'COMMENTS' columns. The 'Urine Drug Test' form includes a 'URINE DRUG SCREEN TYPE' section with checkboxes for Pre-Employment, Post-Accident, Periodic Medical, Reasonable Cause, Random, and Breath. It also has a 'Specimen temperature within range' section. The 'Oral Fluid Drug Test' form includes an 'ORAL FLUID DRUG SCREEN TYPE' section with similar checkboxes. Both forms have a 'LABELING AND TESTS ORDERED' section with a 'LAB BASED COLLECTION INSTRUCTIONS' section and a 'DONOR CERTIFICATION' section. The 'Oral Fluid Drug Test' form also includes a 'SECURITY SEAL' section with a barcode and a 'RECEIVING' section. The forms are from REDWOOD TOXICOLOGY LABORATORY, 3001 Westwood Blvd., Santa Rosa, CA 95402.

Drug Test Request Forms

NEW!

WEBTOXICOLOGY TEST Requisition Forms

Secure, easy-to-use, comprehensive drug test management solution. Order lab tests and print chain of custody (COC) forms from your laser printer—no special hardware required. COC forms are scanned by the lab and made available for viewing online.

Please contact our IT Department for more information at: 800-255-2159, ext. 4311.

Laboratory Drug Test
test requisition/custody form

00000000

Agency Number: 600000
Agency Name: Webb Davis Agency
Address: 3800 Woodland Blvd
City, State and Zip: Santa Rosa, CA 95403
Agency Phone: 800255-2159
Agency Fax:

DONOR INFORMATION

Donor Name: John J. Doe Tests Requested: 6AT - 6Hinghamside (5AC)
Donor Unique ID: 54321 POF - Screen 1 with Creatinine
Specimen Type: URINE
Specimen Temperature: RT
Test Reason: RANDOM - 3

DONOR CERTIFICATION

I certify that I provided my specimen to the collector and that I have not adulterated it in any manner. The specimen was sealed in my presence with a tamper-evident seal. The information provided on this form and on the label affixed to the specimen container is correct. I authorize Redwood Toxicology Laboratory to perform the tests listed and to release the results of this test to **WEB DAVIS AGENCY**.

X Donor's Signature: John J. Doe Date: 8/29/2011

COLLECTOR VERIFICATION

I certify that the specimen was collected from the above person following established protocols, and the specimen has been properly sealed and labeled.

X Collector's Signature: John J. Smith Collector's Name: John J. Smith Date: 8/29/2011 Collection Time: 10:00 AM

Security Seal

Place This Top
Date: 8/29/2011 REDWOOD TOXICOLOGY LABORATORY
Place Seal Here

Label usage example:
1. Tighten cap.
2. Place security seal across the lid as shown.
3. Place patient ID label around bottle as shown.

Req #: 000000000
Agency: 00000—Webb Davis Agency
ID: 54321 John J. Doe
Collector: John J. Smith
Collection Date: 8/29/2011 10:00 AM
Tests: 6AT, POF
Redwood Toxicology Laboratory | 3800 Woodland Blvd, Santa Rosa, CA 95403 | 800.255.2159

LABORATORY STAFF ONLY

RECEIVED AT LAB: Seal Intact? Labels Match?

AGENCY INFO:
Webb Davis Agency
3800 Woodland Blvd
Santa Rosa, CA 95403
Phone: 800255-2159
Fax:

COLLECTION INFORMATION:
Donor Name: John J. Doe
Requisition #: 00000000
Test Reason: RANDOM
Collection Date: 8/29/2011
Collection Time: 10:00 AM

Urine Drug Test Request Form

The form consists of four identical sections stacked vertically. Each section is divided into three main areas: 'REQUEST', 'CHAIN OF CUSTODY', and laboratory contact information. The 'REQUEST' section includes fields for 'Specimen Date', 'ID', 'Collector', and 'Client', along with checkboxes for 'P28 5 Panel' and 'Other:'. The 'CHAIN OF CUSTODY' section includes fields for 'DATE', 'INITIALS', and 'COMMENTS'. The laboratory contact information is 'REDWOOD TOXICOLOGY LABORATORY, P.O. BOX 5680, SANTA ROSA, CA 95402, (800) 255-2159'. The second form from the top is highlighted with a white background and contains three numbered callouts: 1, 2, and 3. Callout 1 points to the 'Specimen Date' field. Callout 2 points to the 'REQUEST' section, specifically the checkboxes for 'P28 5 Panel' and 'Other:'. Callout 3 points to the 'CHAIN OF CUSTODY' section, specifically the 'DATE' field.

1. Specimen Label: Indicate the following information on the label:

- Date that the specimen was collected
- Donor identification
- Collector identification.

2. Test Requested: Please indicate which test(s) or panel is to be ordered by placing a check mark in the appropriate box or by writing the test on the "other" line. Specific tests by GC/MS should be written on the GC/MS request line.

3. Chain of Custody: Indicate the following information on the chain of custody section of the label:

- Date that the specimen was collected
- Collector initials
- Collector comments

Urine Drug Test Request Form

Urine Drug Test
laboratory test requisition

Client ID: _____ URINE TEST REQUISITION

1 URINE DRUG SCREEN TYPE

Pre-Employment Periodic Medical Random Other Reasonable Cause Baseline

Chain of Custody: Yes No

Specimen temperature within range: Yes, 90°-100° F (32°-38° C) No

2 LABELING AND TESTS ORDERED

Label usage example

Security Seal (Donor's Initials) REDWOOD

JS

3

P.O. Box 5680 Santa Rosa, CA 95403 // Laboratory phone: 800-255-2159

P08/1108 Screen 8
 058 Oxycontin (\$5.00)
 Other: _____ Collector: _____

GC/MS Confirm Marijuana (Specify Drug(s))

Patient ID: John Smith Collection Date 10/20/08

Rec# _____

4 DONOR CERTIFICATION (To be completed by donor)

I certify, that I provided my urine specimen to the collector and sealed the specimen as indicated on this form and on the label attached to the specimen label to correct: assistance Redwood Toxicology Laboratory to perform the tests listed and to release the results of this test to:

Donor's signature: _____

Donor's name as listed above (space provided): _____ Donor's ID (SSN or DL#): _____

5 COLLECTOR VERIFICATION (To be completed by collection station personnel)

I certify, that this specimen was collected from the above person following established protocols, and the specimen has been properly sealed and labeled.

Collector's signature: _____ Date and time of collection: ____/____/____ : ____ : ____ AM PM

Collector's name as listed above (space provided): _____ Collection site phone: _____

RECEIVING (To be completed by laboratory)

Specimen received by: _____ Date received: _____ Seal intact? Yes No Labels match? Yes No

REDWOOD TOXICOLOGY LABORATORY 3600 Westwood Blvd., Santa Rosa, CA 95403 // Laboratory: 800-255-2159 // Screening Devices: 877-444-0049
Local: 707-537-7958 // Fax: 707-537-0365 // www.redwoodtoxicology.com

2-PART FORM 1 of 2 LABORATORY COPY

- 1. Urine Drug Screen Type:** Check the box indicating the reason the donor is being tested and note the temperature of the specimen.
- 2. Security Seal:** After completing the form, place the security seal over the top of the cap, down the sides of the bottle. Have the donor initial the security seal.
- 3. Specimen Label:** Indicate the following information on the label:
 - Please indicate which test(s) or panel is to be ordered by placing a check mark in the appropriate box or by writing the test on the "other" line. Specific tests by GC/MS should be written on the GC/MS request line.
 - Donor identification, collection date, and collector.
- 4. Donor Information & Collector Verification:** The donor will enter his/her signature, printed name, date collected and donor ID (SSN or DL#). The collector will verify the information provided by the donor and validate that the specimen was collected correctly.
- 5. Receiving (lab only)**

Oral Fluid Drug Test Request Form

1. Indicate tests to be performed:

- 1A. **Lab Panel Information:** Review agency specific test panel information. Test(s) to be performed will be printed on the top of the form. (Diagram 1A).
- 1B. **Device Test Information:** Use the "GC/MS Confirm" line to list the presumptive positive drug(s) you want to confirm. (Diagram 1B)

2. Saliva Drug Screen Type:

Check the box indicating the reason the donor is being tested.

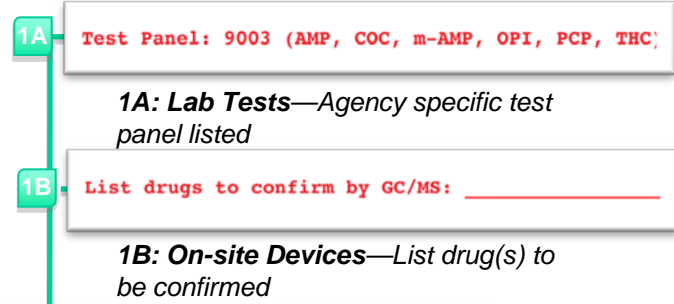
3. Security Seal with barcode:

Place the center of the security seal over the top of the cap. Have the donor initial the seal.

4. Donor Information & Collector Verification:

The donor will enter his/her signature, printed name, date collected and donor ID (SSN or DL#). (Collector should verify the info provided by the donor and validate that the specimen was collected correctly.)

5. Receiving (lab only)



Client ID: 9999
 AMP AGENCY
 3111 Anywhere St.
 Suite 100
 Anywhere, CA 95403
 Test Panel: 9003 (AMP, COC, m-AMP, OPI, PCP, THC)
 GC/MS Confirm: _____

ORAL FLUID DRUG SCREEN TYPE
 Pre-Employment Periodic Medical Random Other
 Post-Accident Reasonable Cause Baseline Chain of Custody: Yes No

ORAL FLUID SPECIMEN LABELING
 LAB BASED COLLECTOR INSTRUCTIONS: Ensure seal cap is tightly fastened. Place the center of the security seal over the top of the seal cap. Be sure that the barcode runs lengthwise/vertically on the collection tube.
 ON-SITE SCREENING DEVICE EXAMPLE: Ensure the screen cap is tightly fastened. Write the drug(s) to be confirmed on the GC/MS section line above. Place the center of the security seal over the top of the barcode runs lengthwise/vertically.
 10000 00001

SECURITY SEAL WITH BARCODE
 10000 00001
 Donor Initials: JD
 Date Collected: 10/20/09
 Se REDWOOD

DONOR CERTIFICATION (To be completed by donor)
 I certify that I provided my oral fluid specimen to the collector and that I have not adulterated it in any manner. The specimen was sealed in my presence with a tamper-evident seal and the information provided on this form and on the label affixed to the specimen tube is correct. I authorize Redwood Toxicology Laboratory to perform the tests listed and to release the results of this test to: 99999 - AMP AGENCY

DONOR'S SIGNATURE: _____
 DONOR'S NAME AS LISTED ABOVE (please print): _____ DONOR'S ID (SSN or DL#): _____

COLLECTOR VERIFICATION (To be completed by collection station personnel)
 I certify that this specimen was collected from the above person following collection site protocols, and the specimen has been properly sealed and labeled.

COLLECTOR'S SIGNATURE: _____ DATE AND TIME OF COLLECTION: ____/____/____ : ____ : ____ AM/PM
 COLLECTOR'S NAME AS LISTED ABOVE (please print): _____ COLLECTION SITE PHONE: _____

RECEIVING (To be completed by laboratory)
 Specimen received by: _____ DATE RECEIVED: _____ SEAL INTACT? Yes No LABELS MATCH? Yes No

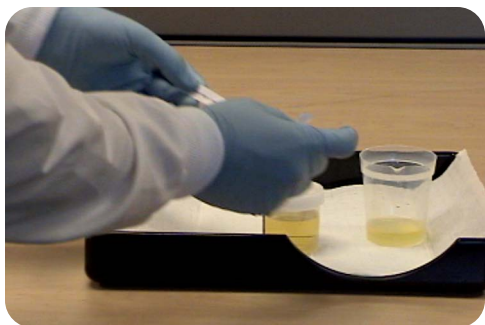
REDWOOD TOXICOLOGY LABORATORY
 3000 Westwind Blvd. Santa Rosa, CA 95403 // Laboratory: 909-295-2159 // Screening Devices: 877-444-0048
 Local: 707-577-2959 // Fax: 707-577-5265 // www.redwoodtoxicology.com





Specimen labeling

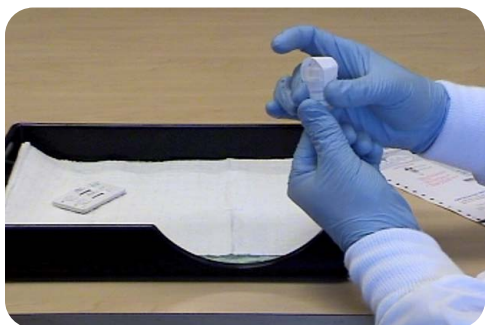
Specimen labeling



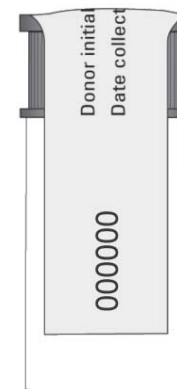
URINE COLLECTION CUP: Place the security seal over the top of the bottle.



Place the test label over the belly of the bottle, place over each end of the security seal. (The patient I.D. label can be prepared while or after the donor collected the specimen.)



ORAL FLUID DEVICE: Place the center of the security seal over the device lid.
(Be sure that the specimen ID runs lengthwise on the collection tube.)

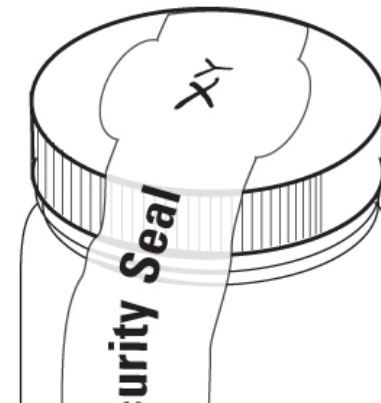


Security seal certification



Instruct the donor to initial the security seal.

Collector should verify the info provided by the donor and validate that the specimen was collected correctly.



Place collection device into RTL plastic baggie



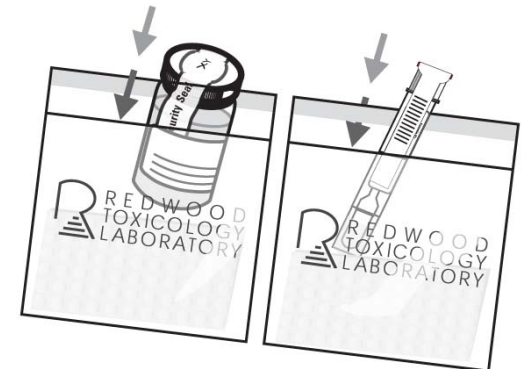
A baggie with absorbent material is provided for shipment to the laboratory.

Place urine specimen bottles into separate plastic baggies. Return the oral fluid collector to the package it came in and seal. Place collector and package into a baggie with absorbent material.



Do not remove the absorbent material from the baggie.
Seal the baggie.

Store in a secure area until the specimen is ready to be shipped to the laboratory.





Shipping methods

Shipping methods — FedEx* or USPS

Depending on the quantity of specimens being sent, select the appropriate shipping method:

FIVE OR MORE SPECIMENS: Please use the packaging materials and labels that are included with your lab supplies. Instructions for packing and shipping specimens will be enclosed with your supply shipment.



FEWER THAN FIVE SPECIMENS: Please use the pre-paid U.S. mailer boxes.

For more information on shipping methods and instructions visit:

www.redwoodtoxicology.com/resources/labeling_shipping/shipping_methods.html

* Certain clients use UPS. Refer to the instructions provided.

FedEx (5 or more) — Send via FedEx Express services

Supplies include: FedEx Large Clinical Boxes, collection containers, baggies with absorbent material, ziploc bags, forms and labels.



Place ziploc bag in FedEx Large Clinical Box



Place 5 or more specimens in large ziploc bag.

1. Place the large ziploc bag inside the FedEx Large Clinical Box (cardboard).
2. Place the chain of custody/test request forms in the box (outside ziploc bag).
3. Place the individually sealed specimens into the large ziploc bag. All specimens must be secured within the ziploc bag. Do not place other boxes inside the FedEx box.
4. Seal the FedEx Large Clinical Box and attach a preprinted FedEx Express® Billable Stamp for FedEx Standard Overnight® shipping

Continued on next page.

FedEx (5 or more) — Send via FedEx Express services

Continued from previous page.

5. Be sure that your FedEx box has at least five (5) urine and/or oral fluid specimens per box. Any box with fewer than 5 specimens will be charged a \$7.00 short shipment fee on the RTL account statement. (Refer to next page for less than 5 shipments).
6. Oral fluids and urine specimens may be sent in the same FedEx box when sending 5 or more specimens (e.g. three urine specimens and two oral fluid specimens.)

NOTE: FedEx Clinical Paks (lab pak) with a cardboard box inside also comply with specimen shipping. However, RTL does not regularly furnish these as they are designed for fewer than 5 specimens. There is a short shipment fee. (Refer to next section for less than 5 shipping).

USPS (fewer than 5) — Send U.S. Postal Service

Supplies include: Pre-Paid USPS Mailer Boxes, baggies with absorbent material, forms and labels.



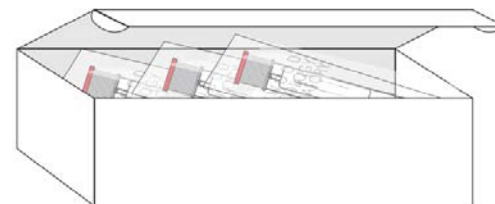
1. **Seal specimen(s) tightly. Place into the baggie with absorbent material and seal.**
2. **Place specimen contained in the baggie into the Pre-paid U.S. Mailer box.**
3. **Write the return mailing address in the upper left corner of the Pre-Paid Label.**

Please do not mix oral fluid and urine specimens in the same Pre-paid Mailer box!

Per U.S. Postal Service regulations, use the box provided specifically for each type of test as indicated on the Pre-paid Label. (See diagrams below)



Brown box for urine specimens



White box for saliva specimens

Ship to Redwood Toxicology Lab



The specimen may now be shipped to Redwood Toxicology Laboratory. For questions or telephonic training, please contact Redwood Toxicology Laboratory at (800) 255-2159. You may also visit our website at www.redwoodtoxicology.com.

Redwood Toxicology Laboratory, Inc.

P.O. Box 5680
Santa Rosa, CA 95402-5680

Client Services

Phone: 800-255-2159 ext. 4399
Fax: 707-577-0365
Email: clientservices@redwoodtoxicology.com



Result reporting

Final Toxicology Reports



2650 Westwind Blvd., Santa Rosa, CA 95403
Phone: 707-577-7959 // 800-253-2159
Fax: 707-577-0365
www.redwoodtoxicology.com

Sample Agency
300 Sample Road
Santa Rosa, CA 95403

ACCOUNT NUMBER 0000	ACCESSION NUMBER 000000-00000
IDENTIFICATION JOHN DOE	
ORDERED BY SAMPLE AGENCY	
NOTES (707) 555-5555	
COLLECTED 01/29/2009 by CN	
RECEIVED 01/30/2009	REPORTED 01/31/2009

POSITIVES	TEST NAME	RESULT
POS----->	Amphetamines Confirmed as Methamphetamine by GC/MS. Confirmed as Amphetamine by GC/MS.	Positive
	Alcohol (Ethanol)	None Detected
	THC (Marijuana)	None Detected
	Cocaine (Benzoylcegonine)	None Detected
	Opiates	None Detected
	Barbiturates	None Detected
	Benzodiazepines	None Detected

NOTE: Amphetamine = 0.13 mcg/mL, Methamphetamine = 0.8 mcg/mL.

The results for this specimen have been tested in accordance to all Redwood Toxicology Laboratory standard operating procedures and have been reviewed by laboratory certifying scientists.

SAMPLE REPORT

000000-00000 01/31/2009 05:32:11

Laboratory Director:
MARK J. DeMEO, M.D.
RICHARD R. WILBER, M.D.

Specimen disposition: Specimens will be disposed of as follows: Negatives: destroyed within 2 days; Positives: destroyed after 6 months; all methadone maintenance urines after 2 months.

REDWOOD TOXICOLOGY LABORATORY TOXICOLOGY SUMMARY REPORT

2650 Westwind Blvd., Santa Rosa, CA 95403 Phone: 707-577-7959 / 800-253-2159 / Fax: 707-577-0365

Client: 9999 Sample Agency

Print Date: 06/06/2008

Date Received: 03/24/2008

Accession # / Reg #	Identification	Collected	Alc	Am	Bar	Bun	Coc	MSU	Op	THC	Creat	Other / Comments
000000-11111	John Doe	03/20/2008 Jane Doe	-	-	-	-	-	-	-	-	18.4	[Creat] Specimen is dilute.
000000-11112	John Doe	03/20/2008 Jane Doe	-	POS GCN	-	-	-	-	-	-	-	[Amp] Confirmed as Methamphetamine by TLC. [Amp] Confirmed as Amphetamine by GC/MS. [Amp] Confirmed as Methamphetamine by GC/MS. Amphetamine = 0.13 mcg/mL, Methamphetamine = 0.8 mcg/mL. Updated 4/2/2008.
000000-11113	John Doe	03/19/2008 Jane Doe	-	-	-	-	-	-	-	591 81A	-	[THC] Confirmed by RIA.
000000-11114	John Doe	03/19/2008 Jane Doe	-	-	-	-	-	-	-	599 81A	-	[THC] Confirmed by RIA.

SAMPLE SUMMARY REPORT

Note: POS indicates positive result; (-) indicates negative/none detected result; (MSU) indicates quantity of urine insufficient for testing.
GC/MS=Gas Chromatography/Mass Spectrometry
Creat= Creatinine Alc=Alcohol Op=opiates Benz=benzodiazepines Barbs=barbiturates Coc=Cocaine THC=Cannabinoids Amp=Amphetamines Mtd=Methadone
Fax No: (707) 577-0471

Result Reporting

- **Standard Result Reporting**

- Toxicology results issued by fax or mail
- Summary reports also available by fax or mail

More on slide 21

- **Web Result Reporting**

- webtoxicology.com application
- View, manage and print reports online 24/7
- Manage donor and collection processes

More on slide 22

webtoxicology.com — *Online Reporting*

- If you are an existing client and wish to sign up for webtoxicology.com service, please fill out the form listed below and a Client Services Representative will contact you.
 - http://www.redwoodtoxicology.com/services/online_reporting.html
- If you are not yet an RTL client and wish to set up an account, please contact our Sales Department by phone (800) 255-2159, ext. 4369 or e-mail sales@redwoodtoxicology.com.

Confidence in testing.

Thank you for your time.



© Alere 2010. All rights reserved.

11 000 3347 REV3