

Fingernail Collection Instructions

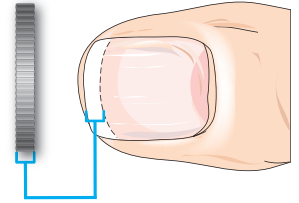
Materials provided by USDTL:

- USDTL Fingernail Collection Supplies
- Custody and Control Form

Materials provided by the collecting facility:

- Metal nail clipper
- Non-ethanol based alcohol pad
- Gem Scale (optional, but recommended)

Important Notes: Viewing of the specimen at all times prior to sealing the specimen container is required. Do not mix fingernail and toenail specimens. Do not collect toenails if the client is diabetic or suffers from peripheral artery disease. To ensure there is enough specimen to complete the assay it is recommended that 100mg of specimen is submitted for all tests below 10-panel. For EtG, add-ons and/or tests above 10-panel, 150mg of specimen is recommended. Specimens under the required volume may result in a QNS (quantity not sufficient). Please refer to our QNS policy online. A gem scale is highly recommended.

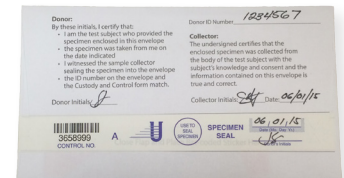


A quarter is about 2mm thick. 100mg of specimen equates to at least 2mm of nail from all 10 fingers.

1. Prior to each collection, wipe the clippers with a non-ethanol based alcohol pad.
2. Have the donor wash their hands with soap and water prior to specimen collection. Remove dirt from the nails.
3. The nails should look like natural nails and must not have an unusual appearance. Nails must be clear of any substances including but not limited to: cosmetic treatments (e.g. polish, artificial acrylic, gel or silk overlay), non-cosmetic substances (e.g. dirt, substance residue oils, stains, inks or dyes, etc.). When removing fingernail polish prior to collection, a non-ethanol based polish remover such as isopropyl alcohol or acetone should be used. If the nail does not look like natural nail or has an unusual appearance for any reason, do not collect the nail.
4. Verify the donor's identity with a government-issued photo ID.
5. On the Custody and Control Form do the following:
 - A. Once verified, mark the Picture ID Verified box on the Custody and Control Form.
 - B. Record the donor's ID number. This may be the Social Security number, Driver's License number, Medical Record number, Employee number or any other number of your facilities choosing.
 - C. Record the donor's name (optional).
 - D. Mark the specimen matrix and location.
 - E. Mark the appropriate reason for testing.
 - F. Mark the panel ordered for this collection.
 - G. Record the Collection Site Facility information if it is different than the Account Information at the top of the form.

FORENSIC DRUG TESTING CUSTODY AND CONTROL FORM		CONTROL #
United States Drug Testing Laboratories, Inc. 1700 S. Mount Prospect Road Des Plaines, IL 60018 Main: 847-375-0770 www.USDTL.com Fax: 847-375-0775		3487001
STEP 1: COMPLETED BY COLLECTOR OR AUTHORIZED REPRESENTATIVE		
A. ACCOUNT INFORMATION: B. THIS SECTION WILL CONTAIN PRE-PRINTED CLIENT/HOSPITAL INFORMATION. PLEASE MAKE SURE ALL INFORMATION PRINTED IN THIS SECTION IS CORRECT PRIOR TO UTILIZING		
C. Donor SSN or Donor I.D. No. (B)		Picture ID Verified <input type="checkbox"/> (A)
D. Donor Name: Last: (C) First: (A)		
E. Matrix: (D) <input type="checkbox"/> Hair Location of Hair: <input type="checkbox"/> Nail Location of Nail: <input type="checkbox"/> Oral Fluid <input type="checkbox"/> Urine <input type="checkbox"/> Blood <input type="checkbox"/> Whole Blood <input type="checkbox"/> Other <input type="checkbox"/> Head Hair <input type="checkbox"/> Body Hair <input type="checkbox"/> Finger <input type="checkbox"/> Toe <input type="checkbox"/> Blood Spot		
F. Reason for Test: (E) <input type="checkbox"/> Environmental Exposure (Child Guard) <input type="checkbox"/> Pre-employment <input type="checkbox"/> Random <input type="checkbox"/> Reasonable Suspicion/Cause <input type="checkbox"/> Post-Accident <input type="checkbox"/> Court Order <input type="checkbox"/> Return to Duty <input type="checkbox"/> Follow-up <input type="checkbox"/> Other (Specify)		
G. Drug Tests to be Performed: (F) <input type="checkbox"/> Default Panel <input type="checkbox"/> 6 Drug Panel <input type="checkbox"/> Urine EtG-EtS <input type="checkbox"/> 7 Drug Panel <input type="checkbox"/> Urine EtG/EA <input type="checkbox"/> 9 Drug Panel <input type="checkbox"/> Nail EtG <input type="checkbox"/> 10 Drug Panel <input type="checkbox"/> Hair EtG <input type="checkbox"/> 12 Drug Panel <input type="checkbox"/> PEth <input type="checkbox"/> 14 Drug Panel <input type="checkbox"/> Propofol Glucuronide <input type="checkbox"/> 15 Drug Panel <input type="checkbox"/> Confirm Only <input type="checkbox"/> 16 Drug Panel <input type="checkbox"/> 17 Drug Panel <input type="checkbox"/> Other		
H. Collection Site Information: (G)		
STEP 2: COMPLETED BY COLLECTOR		
Read urine specimen temperature within 4 minutes. Is temperature between 90° and 100° F? <input type="checkbox"/> Yes <input type="checkbox"/> No, Enter Remark		Specimen Collection: <input type="checkbox"/> Split <input type="checkbox"/> Single <input type="checkbox"/> Observed (Enter Remark)
REMARKS		
STEP 3: Collector affixes container seal(s). Collector dates seal(s). Donor initials seal(s). Donor completes STEP 5.		
STEP 4: CHAIN-OF-CUSTODY - INITIATED BY COLLECTOR AND COMPLETED BY LABORATORY		
I certify that the specimen given to me by the donor identified in STEP 1 of this form was collected, labeled, sealed, and released to the Delivery Service noted in accordance with applicable requirements.		
X (15) Signature of Collector (Print) Collector's Name (First, MI, Last)		SPECIMEN BOTTLE(S) RELEASED TO: <input type="checkbox"/> USPS <input type="checkbox"/> FedEx <input type="checkbox"/> UPS <input type="checkbox"/> Other Name of Delivery Service Transferring Specimen to Lab
Time of Collection: AM PM		Date (Mo./Day/Yr.)
STEP 5: COMPLETED BY DONOR (OPTIONAL)		
I certify that I provided my specimen to the collector that I have not adulterated it in any manner, each specimen was sealed with a tamper-evident seal in my presence, and that the information and numbers provided on this form and on the label affixed to each specimen is correct.		
X (16) Signature of Donor		(PRINT) Donor's Name (First, MI, Last) Date (Mo./Day/Yr.)
Daytime Phone No. ()		Evening Phone No. () Date of Birth Mo. Day Yr.
FOR USDTL USE ONLY		
Laboratory Certification I certify that the specimen received with this form was sealed in the appropriate container with the seal intact, and the identification number and/or name on this form matches that on the specimen, and the specimen was transferred to temporary laboratory storage.		
Printed USDTL Accessioner's Name		X Signature of USDTL Accessioner Date
USE TO SEAL SPECIMEN SPECIMEN SEAL Date (Mo./Day/Yr.) Donor's Initials 3487001 CONTROL NO. A		USE TO SEAL SPECIMEN SPECIMEN SEAL Date (Mo./Day/Yr.) Donor's Initials 3487001 CONTROL NO. B (SPLIT)

6. Open the collection supplies in the presence of the donor.
7. Have the donor clip their nails as close to the nail bed as comfortable. It is recommended to clip over a new, plain sheet of paper to capture the clippings.
8. Fold each side of the collection foil up to form a tray. Once clipping is complete, pour the nails from the sheet of paper into the foil tray.
9. Once the required amount of specimen is collected, fold each side of the foil tray inward to secure the nails and place the folded foil into the specimen collection envelope.
10. Write the Donor ID from the Custody and Control Form on the envelope in the Test Subject ID section.
11. Place the long bar-coded specimen seal from the Custody and Control form across the bottom of the envelope. Make sure the sticker seals the flap of the envelope securely.
12. Have the donor read and initial the first sentence on the envelope, and date and initial the bar-coded specimen seal where Donor Initials is indicated.
13. The collector then reads, dates and signs the second sentence of the envelope and records the specimen weight, if available.
14. The donor and collector should both confirm that the Test Subject ID Number on the envelope matches the Donor ID number on the Custody and Control Form and that the Control Number from the bar-coded sticker on the envelope matches the Control Number on the Custody and Control Form.
15. Date, sign and print the collector name in Step 4 of the Custody and Control Form.
16. Have the donor date, print and sign their name in Step 5 of the Custody and Control Form (optional).
17. In the presence of the donor, place the top copy of the Custody and Control Form in the outer pocket of the security bag. Place the envelope in the other pocket of the security bag and seal the bag. The additional copies of the Custody and Control Form can be distributed at the discretion of the collecting facility.
18. Place the specimen envelope in an appropriate specimen transport overwrap and contact your courier for pick-up.



Information up-to-date as of: 04.11.2017