

Newborn drug testing requisition form instructions

United States Drug Testing Laboratories drug panels list:

- 5-drug panel: amphetamines, cocaine, opiates, PCP and cannabinoids
- 7-drug panel: 5-drug plus barbiturates and methadone
- 9-drug panel: 7-drug plus propoxyphene and benzodiazepines
- 12-drug panel: 9-drug plus oxycodone, tramadol and meperidine
- Confirm only requires annotation of the specific drug(s) to confirm



1. Annotate the newborn's name. *This is optional.*
2. Annotate the donor's ID number. This number may be the medical record number, hospital laboratory accession number or any other unique number of your choosing. Hospital patient ID label/sticker may be used in this section to suffice step 1 and step 2.

For meconium collection (for other samples, see below):

- 3M.** Annotate the panel to be performed (refer to the list above). **Check ALL that apply.**
 - The MecStatSM EtOH analysis requires an additional annotation. For example, if the MecStatSM 5 plus ethanol is required, then both the MecStatSM EtOH and the MecStatSM 5 boxes should be marked.
 - The oxycodone analysis also requires the additional marking of the oxycodone box, except for the 12-drug panel.
- 4M.** Each collection of meconium can be documented in steps 4a through 4f. Annotate the date and time for each collection in the blocks provided.
- 5M.** After the final collection, the specimen container must be sealed. Be sure to utilize the specimen seal(s) provided on the bottom of the requisition form. Match/verify the patient/donor information on the requisition form with the patient/donor information on the specimen. The individual that seals the specimen container(s) with tamper proof, barcoded label signs and dates step 5M. Continue to step 6.

For umbilical cord, urine, hair, breast milk or other tissue collection:

- 3U.** Annotate specimen type.
 - 4U.** Annotate the panel to be performed (refer to the list above). **Check ALL that apply.**
 - 5U.** Specimen container must be sealed. Be sure to utilize the specimen seal(s) provided on the bottom of the requisition form. Match/verify the patient/donor information on the requisition form with the patient/donor information on the specimen. The individual that seals the specimen container with the tamper proof, barcoded label signs and dates step 5U. Continue to step 6.
6. The collector/processor prints, signs and dates.
 7. The sendouts technician prints, signs and dates to release to courier.
 8. Do not mark in this section.



Newborn Drug Screening Chain of Custody and Control Form



United States Drug Testing Laboratories, Inc.

1700 S. MOUNT PROSPECT ROAD
DES PLAINES, ILLINOIS 60018-1804
847-375-0770 FAX 847-375-0775
1-800-235-2367
www.usdtl.com

CONTROL #



4017601

FORM # NDS-001 (2.08)

PATIENT / DONOR

CLIENT

Name **[1]**

Last First

ID # **[2]**

**THIS SECTION WILL CONTAIN
PRE-PRINTED CLIENT/HOSPITAL INFORMATION**

CordStatSM HairStatSM UrineStatSM Other

[3U]

MecStatSM COLLECTIONS [4M]

TEST(S) REQUESTED

Default Panel: PEth NoExcuseSM

5 Drug Panel ChildGuardSM

[4U] 7 Drug Panel EtG/EtS

9 Drug Panel

12 Drug Panel

Confirm Only

TEST(S)

Check all that apply

MecStatSM EtOH

MecStatSM 5

MecStatSM 7

MecStatSM 9

MecStatSM 12

Oxycodone

Confirm Only

[3M]

TO BE COMPLETED BY COLLECTOR(S)	
SIGNATURE OF SPECIMEN COLLECTOR	DATE / TIME
[4a]	
[4b]	
[4c]	
[4d]	
[4e]	
[4f]	
SPECIMEN CONTAINER SEALED BY	DATE / TIME
[5M]	

Collector/Processor Certification

I certify that the specimen identified on this form has been collected/processed, labeled and/or sealed. I hereby release this specimen for transport to the sendouts section / USDTL.

[6]

Printed Collector's Name

X

Signature of Collector

Date / /

Sendouts Section Certification (Optional)

I certify that the specimen received with was sealed in the appropriate container with the seal intact, and the identification number and/or name on this form matched that on the specimen, and the specimen was released for transport to USDTL for testing.

[7]

Printed Name

X

Signature

Date / /

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.

[8]

Printed Lab Accessioner's Name

X

Signature of Lab Accessioner

Date / /

[5M / 5U]

X	 4017601 A CONTROL NO.			SPECIMEN SEAL		X
X	 4017601 B CONTROL NO. (SPLIT)			SPECIMEN SEAL		X