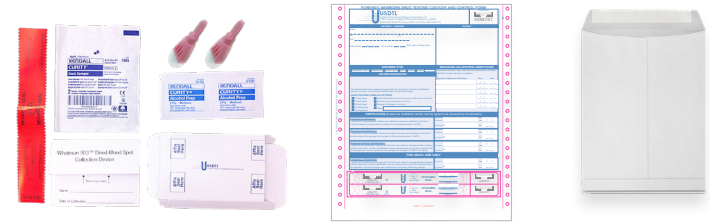


Newborn PEth Testing Collection Instructions - Dried Blood Spot

USDTL Dried blood spot collection supplies include:

- 2 blood spot lancets
- 1 Custody and Control Form (with 2 tamper-evident seals)
- 2 non-ethanol based alcohol pads
- 1 blood spot card
- 1 blood spot drying box.
- 1 paper envelope
- 1 red tamper-evident seal

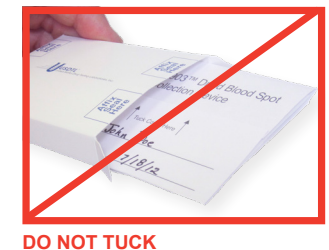


*Test subject ID number, date of collection, date and signature of specimen collector must be completed at the time of collection.

Note: ONLY use isopropyl alcohol wipes during the collection process. DO NOT use any wipes or sanitizers that contain ethyl alcohol.

Each Dried Blood Spot Collection Card must be accompanied by its own Custody and Control form. Only one specimen can be submitted per Custody and Control Form. Custody and Control Forms must be completed properly for the laboratory to be able to test the specimen.

1. Using the dried blood spot supplies provided by USDTL, follow your local protocol for collecting dried blood spots for testing. We require that all 5 spots on the dried blood spot card be filled completely.
2. Place the newborn's ID number on the specimen card (the newborn's name is optional). The ID number may be the medical record number, hospital laboratory accession number, or any other unique identifying number of the collection facility's choosing. The hospital patient ID label/sticker may be utilized to satisfy this step.
3. Affix one of the small barcode stickers from the bottom of the Custody and Control form above the newborn ID on the collection card. Caution: Do not tuck the cover or let the cover touch the collection circles.
4. Place the **un-tucked** specimen card in the drying box. **DO NOT TUCK**-keeping the card untucked allows for proper drying during shipment. Seal the box with the long specimen seal from the bottom of the Custody and Control form. The seal should reach around both ends of the box and effectively fasten both ends shut. This serves as the tamper-evident seal. **If for any reason the 2 attached tamper-evident seals, located on the Custody and Control Form fail, an alternative (red) tamper-evident seal is provided and may be used.*
5. Sign and date the seal.
6. On the Custody and Control form, verify that the pre-printed company information is correct in the Client section of the form. Correct the information if needed.



- Place the newborn's ID number on the Custody and Control Form in the Patient/Donor section (the newborn's name is optional). The ID number may be the medical record number, hospital laboratory accession number, or any other unique identifying number of the collection facility's choosing **and MUST match the number used on the specimen card**. The hospital patient ID label/sticker may be utilized to satisfy this step.
- Mark the Specimen Type box for **Blood Spot**.
- Mark **Alcohol Biomarker** in the Testing Requested section.
- Sign and date the Collector Certification Section of the Custody and Control form.
- Place the sealed box and the top copy of the Custody and Control form in a non-plasticized envelope or other form of USDTL approved packaging. If sending more than one collection card, be sure to use separate drying boxes for each collection card. NOTE: The Custody and Control form must remain with the specimen at all times during transport.
- Caution: **DO NOT** place inside an airtight plastic specimen transport bag. If a plastic bag is used, it **MUST** contain desiccant packs and the card **MUST** be allowed to dry for a full hour to avoid moisture issues and rejections.
- Dispose of leftover materials per local protocol.



FORENSIC NEWBORN DRUG TESTING CUSTODY AND CONTROL FORM

USDTL
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

CONTROL #
4594751
Revision 2016.12.15

PATIENT / DONOR		CLIENT																
Name Last _____ First _____																		
ID # _____																		
Date of Birth ____/____/____ Time of Birth ____:____ (24hr clock, military time)																		
Step 7		Step 6																
SPECIMEN TYPE		MECONIUM COLLECTOR(S) VERIFICATION																
<input type="checkbox"/> Umbilical Cord <input type="checkbox"/> Meconium <input type="checkbox"/> Blood Spot <input type="checkbox"/> Hair <input type="checkbox"/> Urine <input type="checkbox"/> Other _____		Meconium collector(s) sign, date and time stamp each individual collection through collection completion.																
TESTING REQUESTED		SIGNATURE OF SPECIMEN COLLECTOR(S)																
The default panel is the company's preset selection and will be tested if no additional selection is made. If not using the default panel, check all that apply. DRUG TESTING PANELS & OPTIONS <input type="checkbox"/> 5 Drug Panel <input type="checkbox"/> Alcohol Biomarker (Cord EtG, Meconium FAEE, Blood Spot PEth) <input type="checkbox"/> 7 Drug Panel <input type="checkbox"/> Cotinine (nicotine biomarker, Cord Only) <input type="checkbox"/> 9 Drug Panel <input type="checkbox"/> Designer Stimulants (Cord Only) <input type="checkbox"/> 12 Drug Panel <input type="checkbox"/> Other _____ <input type="checkbox"/> 13 Drug Panel		<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 80%;">Signature</th> <th style="width: 10%;">Date</th> <th style="width: 10%;">Time</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> </tbody> </table>		Signature	Date	Time												
Signature	Date	Time																
CERTIFICATION (at least one certification section must be signed to be processed by the laboratory)																		
Collector Certification: I certify that I have collected, labeled and sealed the specimen identified on this form. I hereby release this specimen for transport to the sendouts section / USDTL.		Print Name _____ Date ____/____/____ Sign Name X _____ Time ____:____																
Processor Certification: I certify that I have processed, labeled and sealed the specimen identified on this form. I hereby release this specimen for transport to the sendouts section / USDTL.		Print Name _____ Date ____/____/____ Sign Name X _____ Time ____:____																
Sendouts Section 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 released for transport to USDTL for testing.		Print Name _____ Date ____/____/____ Sign Name X _____ Time ____:____																
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.		Print Name _____ Date ____/____/____ Sign Name X _____ Time ____:____																
 4594751 CONTROL NO. A		 4594751 CONTROL NO. B (SPLIT)																
 USE TO SEAL SPECIMEN SPECIMEN SEAL		 USE TO SEAL SPECIMEN SPECIMEN SEAL																
Date (Mo. Day Yr.) _____ Sealed by _____		Date (Mo. Day Yr.) _____ Sealed by _____																

COPY 1 LAB COPY

Step 8 →

Step 9 →

Step 10 →

Long Specimen Seal - Step 4

Step 5

Small Barcode Sticker - Step 3