





Umbilical Cord Tissue Instructions

1.  Cut a 6 inch segment of the umbilical cord. This will be the collected specimen.

2.  Pinch the specimen between the finger and thumb, then run your fingers down the specimen 3-4 times to drain excess blood. Discard any excess blood.

3.  Rinse the exterior/outside of the specimen with normal saline or an equivalent rinsing solution. **Important: Prevent the umbilical cord and specimen from coming in contact with ethanol-based liquids or vapors previous to and during the collection process. This includes ethanol-based hand sanitizer and alcohol prep pads.**

4.   Pat the specimen dry and place it in the specimen container.


5.  Place the newborn's ID number on the specimen container (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.

6.  Fill out the Custody and Control Form. Please verify that the pre-printed company information is correct in the Client section of the form: [\(See Figure 1\)](#)


6a. Place the newborn's ID number on the Custody and Control Form in the Patient/Donor section (the newborn's name is optional). A hospital patient ID label/sticker may be utilized to satisfy this step. Enter date of birth and time of birth.


6b. Mark the specimen type box for Umbilical Cord.


6c. Mark the test(s) requested to be performed in the Test(s) Requested section. **Check ALL that apply.**

7.  When collection is completed, close and latch the lid. Place the bar-coded, tamper-evident seal (from the bottom of the Custody and Control form) over the top of the lid, opposite the latch and hinge. The collection container should be sealed so that opening the lid would break the seal, indicating tampering. Do NOT place the seal over the container latch or hinge. Failure to properly place a tamper-evident seal over the lid will result in a rejected specimen.


8.  Initial and date the tamper-evident specimen seal(s).


9.  Print, sign, and date in the Collector/Processor Certification section of the Custody and Control Form.

10.  Place the original, white copy (Copy 1 LAB Copy) of the Custody and Control Form in the large pouch of the plastic specimen bag provided.

11.  Place the sealed specimen container in the small pouch of the specimen bag and seal the specimen bag.

12.  Place the sealed specimen bag in the transport box provided.

13.  Place the specimen box in an appropriate courier transport overwrap.

14.  Contact your courier for pick-up. Specimens should be kept refrigerated in a secure area until they are ready to be shipped.

The red tamper-evident seal and absorbent pad are optional supplies for use if needed. The absorbent pad is located in the small pocket and is to be used to absorb liquid leakage while in transit, not to dry the umbilical cord tissue.

The Sendouts Section Certification of the Custody and Control Form is completed, signed, and dated by the individual processing the specimen for sendout to USDTL.

The Laboratory Certification Section is for USDTL lab use only.

For questions, please contact Client Services at 800.235.2367 or a www.USDTL.com

Figure 1

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 # 5148500

PATIENT / DONOR CLIENT

Name _____ Last _____ First _____
ID # **6A** _____
Date of Birth ____/____/____ Time of Birth ____:____ (24hr clock, military time)

6B This section will contain pre-printed Client/Hospital information. Please make sure all information in this section is correct prior to utilizing.

SPECIMEN TYPE
 Umbilical Cord Meconium Blood Spot Hair Urine Other _____

MECONIUM COLLECTOR(S) VERIFICATION
Meconium collector(s) sign, date and time stamp each individual collection through collection completion.

TESTING REQUESTED

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

5 Drug Panel 15 Drug Panel
 7 Drug Panel 16 Drug Panel
 9 Drug Panel 17 Drug Panel
 12 Drug Panel Alcohol Biomarker (Cord EIG, Meconium FAEE, Blood Spot PEH)
 13 Drug Panel Cotinine (nicotine biomarker, Cord Only)
 14 Drug Panel Other _____

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: **9** _____ 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 matched 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: ____:____

6C

7 **8**

Meconium Collection Only (crossed out)

COPY 1 LAB COPY