

Urine Toxicology Sample Collection

Suggested Collection Procedure:

- Check the identity of patient (driver's license or picture I.D.).
- Ask the patient to remove any unnecessary outer clothing. Personal belongings should be placed in a secure location outside the bathroom area.
- Prior to collection, ask the donor to wash their hands to eliminate any possible adulterating or contaminating substances from hands.



Urine Collection Procedure:

Place the following information on the specimen container label:

- Time and Date of collection
- Date of Birth
- Donor's first and last name/or identification numbers
- Collector's initials
- Peel label from requisition form and place on the **SIDE** of cup.
DO NOT place label on lid.

Provide the patient with a clean urine specimen container, with identifying label on side. Instruct patient to fill the container at least half full of urine (a minimum of 30 mL).



Upon receipt of the specimen from patient, immediately read and record temperature from the side of cup (if applicable).

NOTE: Urine temperature should be measured within (4) four minutes of collection and should read between 90-100°F.

Completing the Toxicology Requisition Form:

Sections 1-9:

1. **Required Attachments:** You may attach the patient demographic sheet, which provides the information needed in section 2 (patient information) and 7 (Patient medications). Please attach a copy of the patient insurance card – front and back.
2. **Patient Information:** (If not attached) please fill out this section.
NOTE: the SSN is optional.
3. **Specimen information:** please complete this section.

4. **Medical Necessity:** please select one of the boxes, if applicable. If not, please use the “other” section to write in specific medical necessity.
5. **Diagnosis Codes:** Please select (if applicable) from the frequently used diagnosis codes provided. OR fill in patient specific diagnosis codes.
6. **Testing:** Select one of the four testing options (Standard, Comprehensive, Custom or Perform Testing Selected Below) These panels are listed on the back of requisition form for reference.
 - If office does their own toxicology screens, please mark the “POC in office”.
 - Select Screen or No Screen testing options
 - Specimen Validity is performed on all specimens.
 - When selecting, “Perform Testing Selected Below,” please select the testing you would like preformed from the list provided in section 6.
7. **Patient Medications:** If you have not attached a patient medication list, please select the current medications prescribed or OTC. Select no prescribed medications if applicable.
8. **Patient Signature Required.**
9. **Practitioners Signature Required.**



Specimen Processing:

- **Transport:**
 - Place the urine cup into biohazard bag and seal bag. Place Requisition Form into the side pocket of biohazard bag.
 - Place all specimens to be shipped to Vibra Health Lab into pre-labeled UPS laboratory shipping pack.
- **Storage & Transport Temperature:** Refrigerated is preferred or room temperature.
- **Specimen Stability: 8 days** at room temperature or 14 days refrigerated.
- **Rejection Criteria:** Stability limits exceeded, <2 identifiers, spilled specimen.

