



MCL Internal Use Only

Client Information (required)

Client Name, Client ID, Phone, Street Address, City, State, ZIP Code

Patient Information (required)

Patient ID (Medical Record No.), Name (Last, First, Middle), Gender, Birth Date (mm-dd-yyyy), Collection Date (mm-dd-yyyy), Time (hh:mm)

Submitting/Referring Physician Information (required)

Submitting/Referring Physician Name (Last, First), Fill in only if call-back is required. Include area code. Phone: Fax\*:

\*Fax number given must be from a fax machine that complies with applicable HIPAA regulations.

Both pages of the original form must accompany the specimen to Mayo Clinic Laboratories. Photocopies and faxes are not valid for Chain-of-Custody testing. It is the client's responsibility to maintain documentation of the order.

All items in this section below must be completed or Chain-of-Custody will not be complete. (required)

Table with 5 columns: Custody Change, Responsible Party, Print Name (Last, First), Sign, Date (mm-dd-yyyy). Rows include Specimen provided for testing and Specimen received and sealed.

This section below will be filled out by Mayo Clinic Lab Personnel upon receipt of the sample

Table with 5 columns: Custody Change, Responsible Party, Print Name (Last, First), Sign, Date (mm-dd-yyyy). Row includes Specimen received by Mayo Clinic Toxicology Laboratory.

Ship specimens to:

Mayo Clinic Laboratories
3050 Superior Drive NW
Rochester, MN 55901

Customer Service:

855-516-8404

Billing Information

- An itemized invoice will be sent each month.
Payment terms are net 30 days.

Call the Business Office with billing related questions:

800-447-6424 (US and Canada)
507-266-5490 (outside the US)

Visit www.MayoClinicLabs.com for the most up-to-date test and shipping information.

**Patient Information** (required)

Patient ID (Medical Record No.)	Name (Last, First, Middle)
Birth Date (mm-dd-yyyy)	Client ID

**Mayo Clinic Laboratories does not perform workplace drug testing.**

**Urine Testing**

CDAUX	Drug Abuse Panel with Confirmation, Chain of Custody, Urine
CDA5X	Drug Abuse Survey with Confirmation, Panel 5, Chain of Custody, Urine
CDA7X	Drug Abuse Survey with Confirmation, Panel 9, Chain of Custody, Urine
PDSUX	Drug Screen, Prescription/OTC, Chain of Custody, Urine
PDSOX	Pain Clinic Drug Screen, Chain of Custody, Urine
PANOX	Pain Clinic Survey 10, Chain of Custody, Urine
OXYSX	Oxycodone Screen, Chain of Custody, Urine
ADLTX	Adulterants Survey, Chain of Custody, Urine

**Individual Urine Drug Testing**

6MAMX	6-Monoacetylmorphine (6-MAM), Chain of Custody, Urine
AMPHX	Amphetamines Confirmation, Chain of Custody, Urine
BARBX	Barbiturates Confirmation, Chain of Custody, Urine
BENZX	Benzodiazepines Confirmation, Chain of Custody, Urine
BUPMX	Buprenorphine and Norbuprenorphine, Chain of Custody, Urine
COKEX	Cocaine and Metabolite Confirmation, Chain of Custody, Urine
FENTX	Fentanyl and Metabolite Confirmation, Chain of Custody, Urine
KETAX	Ketamine and Metabolite Confirmation, Chain of Custody, Urine
MTDNX	Methadone Confirmation, Chain of Custody, Urine
OPATX	Opiates Confirmation, Chain of Custody, Urine
OXYCX	Oxycodone with Metabolite Confirmation, Chain of Custody, Urine
PCPX	Phencyclidine Confirmation, Chain of Custody, Urine
THCX	Carboxy-Tetrahydrocannabinol (THC) Confirmation, Chain of Custody, Urine
VLTX	Volatile Screen, Chain of Custody, Urine

Urine temperature is within range of 90.5° F to 99.8° F  
 Yes    No    Not measured   If No, record temperature: \_\_\_\_\_

**Blood Testing**

ALCX	Ethanol, Chain of Custody, Blood
VLTX	Volatile Screen, Chain of Custody, Blood

**Serum Testing**

DSSX	Drug Screen Prescription/OTC, Chain of Custody, Serum
FNTSX	Fentanyl and Metabolite, Chain of Custody, Serum

**Meconium Testing**

DSM4X	Drugs of Abuse Screen 4, Chain of Custody, Meconium
DSM5X	Drugs of Abuse Screen 5, Chain of Custody, Meconium
MAMMX	6-Monoacetylmorphine (6-MAM) Confirmation, Chain of Custody, Meconium
AMPMX	Amphetamines-Type Stimulants Confirmation, Chain of Custody, Meconium
THCMX	11-nor-Delta-9-Tetrahydrocannabinol-9-Carboxylic Acid (Carboxy-THC) Confirmation, Chain of Custody, Meconium
COKMX	Cocaine and Metabolite Confirmation, Chain of Custody, Meconium
OPTMX	Opiate Confirmation, Chain of Custody, Meconium
PCPMX	Phencyclidine (PCP) Confirmation, Chain of Custody, Meconium

**Additional Tests** (Indicate test number and name)


**Remarks:**

**Urine Collection Procedure**

1. Remove transport bag, collection cup, transport bottle, temperature strips and security tape from the Chain of Custody Kit.
2. Complete the **Patient Demographics** and **Test Information** sections of this form.
3. If this is an **unwitnessed collection**, do not allow the donor into rest room until steps below are followed. This will decrease the possibility for an adulterated collection.
  - a. Add bluing to the toilet water.
  - b. Tape the top of the toilet tank closed.
  - c. Secure sink and soap dispensers with tape.
  - d. Clear all areas, including cupboards and garbage containers, of agents that could be added to urine to void testing results.
  - e. Do not allow coats, bags, etc. that could conceal adulteration material.
4. Verify donor's identity. Instruct donor not to flush toilet or run water during collection. Give collection cup to donor and tell them to contribute a minimum of 60 mL of urine.

**Following collection**

5. Immediately verify sufficient volume was collected and check sample integrity by examining appearance, odor or other unusual characteristics.
6. Immediately record temperature, if required.
7. Have donor sign and date form under **Donor Full Name/Sign/Date**. (If donor is not able to sign, a legal representative or medical staff member may provide their own Full Name/Sign/Date.)

8. **Pour a minimum of 30 mL** from the collection cup into the 60 mL urine transport bottle.
9. Collection personnel sign or initial and date a security tape and seal over the cap of the specimen.
10. **Indicate 2 patient identifiers on the specimen container.** Either write these identifiers on the container or place a label with these identifiers on the container. Identifiers must match the information that was completed at the top of the form.
  - a. Patient name or unique patient identifier.
  - b. Patient number, hospital or specimen number, or birth date.

Do **not** place security tape over these identifiers.
11. Indicate if a split specimen was collected or if there were collection problems.
12. When specimens are sealed, print collector's name and sign and date form under **Collector/Sign/Date**. **Note:** Date must match date on the security tape.
13. Place specimen into rear pouch of transport bag and seal pouch by removing blue tape.
14. Place **Chain-of-Custody form with original signatures** into the front pouch. Forward to Mayo Clinic Laboratories.
  - **If blood, serum, or meconium is collected, complete steps 1, 2, 5, 7, 9, 10, 11, 12, 13, and 14.**
  - **During multiple meconium collections, document each collection date, time, and name of collector in the remarks field.**
  - **Blood or serum collection—Do NOT use alcohol or alcohol prep to clean arm before collection.**