### Specimen Collection Procedures For Urine Drug Screens

Choices Mental Health Counseling PLLC Monticello, New York

#### **SECTION 1. RATIONALE.**

To provide the best patient-centered, high quality health care, Choices Mental Health Counseling, PLLC endorses the American Society for Addiction Medicine's 2010 public policy statement on drug testing which states: "Urine drug testing is a key diagnostic and therapeutic tool that is useful for patient care and in monitoring of the ongoing status of a person who has been treated for addiction."

Use of urine drug testing and objective markers that demonstrate overall treatment compliance not only regarding abstinence from drugs of abuse but also proper use of all prescribed and over-the-counter medications is regarded as an essential tool in the provision of an individual's treatment protocol.

Urine drug screening is routinely used by Choices Mental Health Counseling, PLLC during initial evaluations and throughout the course of care when substance abuse is identified as a central treatment issue, as well as otherwise if clinically indicated.

Respecting the patient's dignity is a top priority in the application of these procedures.

Urine drug screening is covered by most health insurances. Particular consideration is given to economy with patients who are uninsured. In such cases, partnering with other treatment or service providers will be considered. The laboratory chosen by Choices Mental Health Counseling, PLLC has a record of working with patients to negotiate affordable fees, when no insurance is available to cover the testing.

#### **SECTION 2. COLLECTOR.**

The specimen "collector" is defined here as a trained person who instructs and assists patients at a collection site, who receives and makes an initial inspection of the urine specimen provided by those patients, and who initiates and completes the requisition form, and packs and prepares the specimen for shipping to the laboratory.

Note: To avoid a potential conflict of interest, a collector should not be someone that is related to the employee (e.g., spouse, ex-spouse, relative) or a close personal friend (e.g., fiancée).

#### SECTION 3. COLLECTION SITE.

The "collection site" is the facilities where patients present themselves for the purpose of providing a urine specimen either for an alcohol/substance abuse evaluation, or while in

continuing care with Choices Mental Health Counseling, PLLC, at 6 Pelton Street, Suite #2, in the Village of Monticello, County of Sullivan, and State of New York.

The collection site consists of single-toilet restroom, with two full-length privacy doors, one of which is kept locked, a sink for washing hands, and a suitable clean surface for the collector to use as a work area for completing required paperwork.

The collection must meet the following security requirements by having:

1. Procedures or restrictions to prevent unauthorized access to the site during the collection;

2. Procedures to prevent the patient or anyone else from gaining unauthorized access to the collection materials/supplies. The collector must also ensure that the patient does not have access to items that could be used to adulterate or dilute the specimen (e.g., soap, disinfectants, cleaning agents, water);

3. Procedures to ensure that all authorized persons are under the supervision of a collector or appropriate site personnel at all times when permitted into the site; and,

4. Procedures to provide for the secure handling and storage of specimens.

The following items must be available at the collection site in order to conduct proper collections:

1. For each test, a collection kit meeting the requirements consisting of a specimen cup with temperature strip.

2. Requisition form provided by the laboratory.

3. Bluing (coloring) agent to add to the toilet bowl/water tank to prevent a patient from diluting the specimen.

4. Single use disposable gloves are recommended for use by collectors while handling specimens.

5. The collector should have available tamper-evident tape for securing faucets, toilet tank tops, and other appropriate areas, and signs, when necessary, that can be posted to prevent entry into collection areas.

#### SECTION 4. REQUISITION FORM.

The requisition form is a three-part carbonless manifold form provided as part of the urine collection kits provided by the laboratory. Optionally, the collector may complete the requisition form online. The requisition form consists of the following three copies:

Copy 1. Laboratory Copy - accompanies the specimen to the laboratory Copy 2. Medical Review Officer / Collector copy - kept in the patient's chart Copy 3. Patient Copy - given to the patient.

The requisition form calls for patient identification and contact information, height, weight, diagnosis, and details concerning all prescribed medications, including drug name, dose, frequency, and date last taken.

#### SECTION 4. PATIENT IDENTIFICATION.

The patient must provide photo identification (e.g., drivers license, patient badge issued by the employer, or any other picture identification issued by a Federal, state, or local government agency) to the collector upon arrival at the collection site. Once an individual is an established patient, and is personally known to the collector, records contained in the clinical chart shall be accepted as adequate identification.

#### SECTION 5. COLLECTION PROCEDURES.

The collector must do the following before each collection to deter potential tampering, adulteration, alteration, or substitution of the specimens:

1. Secure warm water sources or otherwise make them unavailable to patients (e.g., turn off water inlet, tape handles to prevent opening warm water faucets);

2. Ensure that the water in the toilet and tank (if applicable) has bluing (coloring) agent in it. Tape or otherwise secure shut any movable toilet tank top, or put bluing in the tank;

3. Ensure that no soap, disinfectants, cleaning agents, or other possible adulterants are available to the patient;

4. Inspect the site to ensure that no foreign or unauthorized substances are present;

5. Ensure that undetected access (e.g., through a door not in your view) is not possible;

6. Secure areas and items (e.g., ledges, trash receptacles, paper towel holders, under-sink areas) that appear suitable for concealing contaminants; and

7. Recheck items (1) through (6) after each collection to ensure the site's continued integrity.

The following steps describe a typical urine collection procedure:

1. The collector prepares the collection site to collect urine specimens. All collection supplies must be available, the area properly secured, water sources secured, and bluing (coloring) agent placed in all toilets as specified in Sections 2 and 3 of these guidelines.

2. The collector begins the collection without delay after the patient arrives at the collection site. Do not wait because the patient is not ready or states he or she is unable to urinate. In most cases, patients who state they cannot provide a specimen will, in fact, provide sufficient quantity to complete the testing process. (If an alcohol breath test is also scheduled, the alcohol test should be conducted first, if practicable.)

3. With a new or previously unknown patient, the collector requests an acceptable form of identification.

4. The collector explains the basic collection procedures to the patient.

5. The collector ensures that the required information is provided at the top of the requisition form (the laboratory name and address and a pre-printed specimen ID number which matches the ID number on the specimen bottle seals). If the information is not already preprinted, the collector begins entering the required information in Step 1 of the requisition form (employer's name, address, telephone and fax number, and I.D. number (if applicable); MRO name, address, telephone and fax number; patient SSN or patient ID number (refusal by the patient to provide a SSN is not a refusal to test, but requires the collector to annotate this in the remarks); reason for test; drug test to be performed; and collection site information).

6. The collector asks the patient to remove any unnecessary outer clothing (e.g., coat, jacket, hat, etc.) and to leave any briefcase, purse, or other personal belongings he or she is carrying with the outer clothing. The patient may retain his or her wallet. If the patient asks for a receipt for any belongings left with the collector, the collector will provide one.

Note: To safeguard patient's belongings, items may be locked in a file room across the hall from the bathroom. For example, if a patient comes to the collection site with his or her medications and desires that the collector secure the medication, the collector may place the medication in a locked closet, or alternately, could seal the medication in an envelope, secure the envelope with tamper-evident tape and retain the envelope in a secure place.

Note: The patient will <u>not</u> be asked to remove other articles of clothing, such as shirt, pants, dress, or under-garments. Additionally, the patient will not be requested or required to remove all clothing in order to wear a hospital or examination gown. Work boots or cowboy boots do not have to be removed unless the collector has a reason to suspect that the patient has something in them which may be used to adulterate or substitute a specimen. When a patient is asked to remove his or her hat or head covering, and refuses to do so based on religious practice, the collector may exempt the patient from removal of the head covering, unless the collector has an observable indicator that the patient is attempting to hide inside the head covering adulterants or other substances which may be used in an attempt to adulterate or substitute a specimen.

7. The collector directs the patient to empty his or her pockets and display the items to ensure that no items are present that could be used to adulterate the specimen. If nothing is there that can be used to adulterate a specimen, the patient places the items back into the pockets and the collection procedure continues. If the patient refuses to empty his or her pockets when requested to do so, this is considered a refusal to cooperate in the testing process.

8. The collector instructs the patient to wash and dry his or her hands, under the collector's observation, and informs the patient not to wash his or her hands again until after the patient provides the specimen to the collector. If the patient refuses to wash his or her hands – after being directed to do so – this is a refusal to test.

Note: The patient may use soap and, if practicable, it should be a liquid or cream. A solid bar of soap gives the patient the chance to conceal soap shavings under his or her fingernails and subsequently use them to attempt to adulterate the specimen.

9. The collector either gives the patient or allows the patient to select the collection kit or collection container (if it is separate from the kit) from the available supply. Either the collector or the patient, with both present, then unwraps or breaks the seal of the kit or collection container.

Note: Even if the collection kit is sealed, the collection container must still be sealed or individually wrapped in a plastic bag or shrink wrapping; or must have a peelable, sealed lid or other easily visible tamper-evident system. Do not unwrap or break the seal on any specimen bottle at this time. Unwrap only the collection container.

10. The collector directs the patient to go into the room used for urination, provide a specimen of at least 45 mL, not to flush the toilet, and return with the specimen as soon as possible after completing the void. The collector may set a reasonable time limit for the patient to be inside the bathroom and this time frame should be explained to the patient.

Unless specifically indicated, "clean catch" procedures outlined below are optional.

The presence of blood in the urine sample may adversely impact the testing process and, in addition, constitutes a biohazard for laboratory employees. Collection of "clean catch" urine specimens during menstruation should be attempted.<sup>1</sup>

#### "Clean Catch" Collection – Female Patient:

1. If menstruating, insert a fresh tampon to halt flow.

2. Open the sterile specimen collection cup without touching the rim, inside of cup, or inner surface of the cup lid.

3. Wash hands with soap and water. Dry hands.

4. Separate the skin fold around the urinary opening with one hand and keep apart until finished collecting the sample.

5. Using a sterile moist towelette (or cotton balls soaked in soap and water) wash the urinary opening and surrounding tissue, front to back. Rinse with clear water.

<sup>&</sup>lt;sup>1</sup> "Specimen Collection: Specimen Tampering and Verification", Redwood Laboratories, Santa Rosa, California, on the web at <u>www.redwoodtoxicology.com/resources/collection/specimen\_verification.html</u>

6. Begin urinating into the toilet, holding skin folds apart with your fingers.7. After the urine stream is well established, and without interrupting the urine flow, move the sterile container into the path of the stream to "catch" the urine.8. Collect the urine until the container is approximately half full (or until flow of urine decreases substantially) and then finish voiding into toilet.

"Clean Catch" Collection – Male Patient:

1. Open the sterile specimen collection cup without touching the rim, inside of cup, or inner surface of the cup lid.

2. Wash hands with soap and water. Dry hands.

Retract the foreskin and thoroughly wash the end of the penis using a sterile moist towelette or washcloth soaked in soapy water. Rinse with clear water.
Begin urinating into the toilet.

5. After the urine stream is well established, and without interrupting the urine flow, move the sterile container into the path of the stream to "catch" the urine.6. Collect the urine until the container is approximately half full (or until flow of urine decreases substantially) and then finish voiding into toilet.

These procedures will be explained on a sign posted in the rest room.

Note: The collector should pay close attention to the patient during the entire collection process to note any conduct that clearly indicates an attempt to substitute or adulterate a specimen. If the collector detects such conduct, and the patient has already provided a specimen, the collection process for this specimen is completed, and then the collector immediately begins a new collection under direct observation using a second requisition form and a new kit. The collector then provides an appropriate comment on the "Remarks" line and second requisition form indicating that this is the first of two or second of two (i.e., 1 of 2, 2 of 2) collections, the specimen ID numbers of the first and second requisition, the reason for the second collection, and that the second collection was under direct observation. This will ensure that the laboratory and the MRO know that two separate specimens are being submitted for testing; the first one possibly being adulterated or substituted.

11. After the patient gives the specimen to the collector, the collector must check the temperature of the specimen, check the specimen volume, and inspect the specimen for adulteration or substitution. The collector should check the temperature of the specimen as soon as the patient hands over the specimen, but no later than four minutes after the patient comes out of the restroom. The acceptable temperature range is  $32^{\circ}-38^{\circ}C/90^{\circ}-100^{\circ}F$ .

Temperature is determined by reading the temperature strip originally affixed to or placed on the outside of the collection container. If the temperature is within the acceptable range, the "Temperature" box is marked in on the requisition form indicating "Warm" or "In range", and the collector proceeds with the collection procedure. (If the temperature is out of range, the collector marks the "Out of range" box and initiates an observed collection.) The collector then checks to make sure that the specimen contains a sufficient amount of urine (a minimum of 45 mL for all DOT collections). If the volume is sufficient, the collector checks the box on the requisition form (Step 2) indicating that this was a split specimen collection. (This may be done at the same time that the collector checks the temperature box.) The collector must inspect the specimen for unusual color, presence of foreign objects or material, or other signs of tampering or adulteration. If it is apparent from this inspection that the patient has adulterated or substituted the specimen (e.g., the specimen is blue, exhibits excessive foaming when shaken, has smell of bleach), a second collection using direct observation procedures must be conducted immediately. If the temperature is outside the acceptable range, the volume is less than 45 mL, or the specimen may have been adulterated, the collector follows procedures in "Section 10, Problem Collections".

12. After the patient hands the collection container to the collector (and the collector checked the temperature), the collector may permit the patient to wash his or her hands.

Note: The following are considered refusals to test:

- The patient admits to the collector that he or she adulterated or substituted their specimen.
- The patient behaves in a confrontational way that disrupts the collection process.
- Leaving and promising to return by a specified time, then failing to do so.

In any of these refusal situations, the refusal may be considered as one factor when assessing a possible need for referral to a higher level of care.

13. The tamper-evident seals is then removed from the requisition form and placed on the bottle, ensuring that the seal is centered over the lid/cap and down the sides of the bottle to ensure that the lid/cap cannot be removed without destroying the seal. Since the specimen bottle is now sealed with tamper-evident tape and does not have to be under the patient's direct observation, the patient may to wash his or her hands if he or she desires to do so.

14. The collector directs the patient to read, sign, and date the certification statement, and provide date of birth, printed name, height, weight, medications, and contact information on the requisition form.

Note: If the patient refuses to sign the form or provide date of birth, printed name, or telephone numbers, the collector must make a notation on the "Remarks" line to that effect and complete the collection. If the patient refuses to fill out any information, the collector must, as a minimum, print the patient's name in the appropriate place. This does not constitute a refusal to test.

15. The collector then ensures that all copies of the requisition are legible and completed.

16. The specimen bottles and Copy 1 of the requisition form are placed inside the appropriate pouches of the leak-resistant plastic bag, and both pouches are sealed. If the

patient has not had the opportunity to wash his or her hands, they may do so now. The collector then informs the patient that the collection process is complete.

17. The collector or collection site must ensure that each specimen collected is shipped to a laboratory as quickly as possible. If the specimen will not be shipped immediately, the collector is responsible for ensuring its integrity and security in a refrigerator or freezer. Specimens in plastic bags, which have not been placed into shipping containers or which are awaiting a laboratory courier, must be kept in a secure location. The specimens need not be under lock and key, however, procedures must exist that would ensure specimens cannot be subject to tampering.

Note: After specimens are placed into shipping containers that are subsequently sealed, the containers may be placed with other containers or packages that the collection site has waiting to be picked up by a courier or placed in a designated drop box used by a places the specimens into a commercial delivery system. Reasonable security measures will be used to ensure that all packages are relatively secure and not subject to damage, theft, or other actions that would potentially raise questions related to the integrity of the specimens. Specimens must be shipped in a manner to minimize damage in transit.

#### SECTION 5. SHY BLADDER PROCEDURES.

The term "shy bladder" refers to a situation when the patient does not provide a sufficient amount of urine (45 mL). If an patient tells the collector, upon arrival at the collection site, that he or she cannot provide a specimen, the collector must still begin the collection procedure regardless of the reason given. The collector should tell the patient that most individuals can provide 45 mL of urine, even when they think they cannot urinate, and direct the patient to make the attempt to provide the specimen. At the point in the collector does the following:

1. The collector requests the patient to go into the rest room and try to provide a specimen.

Note: The patient demonstrates his or her inability to provide a valid specimen when the patient comes out of the rest room with an insufficient quantity of specimen or an empty collection container.

2. If the patient provided an initial insufficient specimen, the collector discards the insufficient specimen. The collector then annotates in the "Remarks" line the time when the patient provided the insufficient specimen. This is the time when the "shy bladder" collection process starts.

3. The collector explains to the patient the process for a shy bladder collection and urges the patient to drink up to 40 ounces of fluids, distributed reasonably through a period of up to three hours, or until the individual has provided a sufficient urine specimen, whichever occurs first. It is not a refusal to test if the patient declines to drink. 4. If the patient refuses to make the attempt to provide a new urine specimen or leaves the collection site without the collector's authorization before the collection process is completed, the collector discontinues the collection and notes the fact in the clinical record.

5. If the patient has not provided a sufficient specimen within three hours of the first unsuccessful attempt to provide the specimen, the collector may discontinue the collection and note the fact in the patient's clinical record.

#### SECTION 6. DIRECTLY OBSERVED COLLECTION.

A directly observed collection procedure is the same as a routine collection procedure with the additional requirement that an observer physically watches the patient urinate into the collection container. The observer <u>must</u> be the same gender as the patient; there are <u>no</u> <u>exceptions</u> to this requirement.

#### An observed collection is required when:

1. The collector observed materials brought to the collection site or the patient's conduct clearly indicated an attempt to tamper with a specimen.

2. A directly observed collection is required when the laboratory reports an invalid specimen and the there is not an adequate medical explanation for the result.

3. The temperature on the original specimen was out of range or the specimen appeared to have been tampered with.

The collector may serve as the observer when the collector is the same gender as the patient. If not, the collector must call upon another clinician, who is the same gender as the patient, to act as the observer.

Note: If an observed collection is indicated by any of the above conditions, and no samegender clinician is available on-site at the time of the test, the patient may be referred to another qualified agency or facility for observed testing, provided that such testing is conducted on the same day, and that the patient voluntarily authorizes disclosure of the laboratory results. Such referral shall be made in writing, indicating the date and time by which the test should be conducted; and, in the presence of the patient, telephone contact shall be made with the alternate qualified facility to secure a commitment to provide the requested service in a timely manner provided that the patient arrives by a specified time.

The collector must verbally instruct the observer as to the procedures the observer must follow and specifically inform the observer not to take the specimen from the patient, but have the patient bring it to the collector. It is recommended that the collector have a short written outline of the procedures to be used for an observed collection, review these procedures with the observer, and provide a copy of the written procedures to the observer, if the observer requests it. An observed collection is conducted in the following manner:

1. The collector explains to the patient why an observed collection is being conducted.

2. The collector must complete a new requisition for the directly observed collection.

3. The collector then records on the requisition or in the clinical record the reason for the observed collection and the name of the observer if it is someone other than the collector.

4. In a case where two sets of specimens are being sent to the laboratory because of suspected tampering with the first specimen, the collector enters on the requisition or in the clinical record for each specimen a notation to this effect.

5. The collector, if the same gender as the patient, or the same-gender observer, enters the restroom where urination occurs with the patient. The observer must request the patient to raise his or her shirt, blouse, or dress/skirt, as appropriate, above the waist, just above the navel; and lower clothing and underpants to mid-thigh; and to show the observer – by turning around – that the patient does not have a prosthetic device. After the observer has determined that the patient does not have such a device, the observer may permit the patient to return clothing to its proper position and then conduct the observed collection.

Note: There are three basic types of devices patients could "wear." [Of course, there could be other devices, but these are currently the basic three devices]:

1. One device has a long plastic tube connected to a bottle containing heated urine.

2. Another consists of a short plastic tube attached to a battery-heated plastic bag.

3. One device goes a step further by replacing the tube with very realistic prosthetic genitalia designed to match the patient's skin tone.

6. The observer must watch the patient urinate into the collection container. Specifically, the same-gender observer must personally and directly watch the urine go from the patient's body into the collection container.

*Note: With respect to direct observation collections, the following situations are considered refusals to test:* 

• *The patient declines to allow a directly observed collection required or permitted by this policy to occur.* 

• The patient fails to follow the observer's instructions to raise and lower their clothing and to turn around to permit the observer to determine if the patient has a prosthetic or other device that could be used to interfere with the collection process.

• The patient possesses or wears a prosthetic or other device that could be used to interfere with the collection process.

7. After the patient has completed urinating into the collection container, the patient and observer leave the enclosed toilet stall/restroom and the patient hands the collection container directly to the collector. The observer must maintain visual contact of the collection container until the patient hands the container to the collector. If the observer is the collector, the collector may receive the collection container from the patient while they are both in the enclosed toilet stall/restroom.

8. If the collector learns that a directly observed collection should have taken place, but was not, the collector must advise the patient to return for an immediate recollection under direct observation or be considered a refusal to test.

#### SECTION 7. MONITORED COLLECTIONS.

A monitored collection is one that is conducted under less than completely private conditions, but direct "stream of flow" observation is optional. A monitored collection may be permitted in lieu of a directly observed collection as described in Section 6 above if the patient prefers and the collector concurs, provided that there is no mandate (e.g. probation, pending legal charge, condition of employment, etc.) for the patient to comply with treatment recommendations.

If compliance with evaluation or treatment recommendations is mandatory, a monitored collection may not substitute for direct observation.

A monitored collection is conducted in the following manner:

1. The collector ensures the room being used for the monitored collection is secured so that no one except the patient and monitor can enter it until after the collection has been completed. The monitor remains present and visually monitors the patient while urinating. The patient hands the closed specimen cup to the monitor, who gives it to the collector.

2. When someone other than the collector has acted as the monitor, the collector must note that person's name on the requisition form or in the clinical record.

3. If the patient declines to permit a monitored collection, it is a refusal to test.

4. The monitor must be the same gender as the patient. If a monitor of the same gender as the patient is not available, the patient may be referred to another facility as described in Section 6 above.

#### SECTION 8. SPECIAL ISSUES WITH COLLECTION.

#### CATHETERIZATION.

If an patient needs medical attention (e.g., an injured patient in an emergency medical facility who is required to have a post-accident test), treatment takes priority and should not be delayed to collect a specimen. If a patient is catheterized as part of a medical procedure (e.g. following surgery or an accident), once the patient's medical condition is stabilized and the patient has the mental capacity to give his or her consent to the collection, a urine specimen may be obtained from that patient. Procedures similar to those listed below may be used when an external urine bag is involved.

A urine specimen must not be collected, by catheterization or other means, from an unconscious patient. Catheterization of a conscious patient to obtain a urine specimen for a test is also not authorized. However, a patient who normally voids through intermittent or self-catheterization, or who is catheterized post-surgery, shall provide a specimen in that manner if he or she is required to produce a specimen for treatment or evaluation purposes.

If able to, the patient may provide the specimen directly from the catheter into the collection container in the privacy of a restroom. If a patient, who normally voids through catheterization, declines to do so, this would constitute a refusal to test.

#### EXTERNAL URINE BAG.

The following procedures should be used in the collection of a urine specimen from an patient who has a medical condition requiring an indwelling catheter or excretion of urine into an external bag. The urine specimen should be a freshly voided specimen. If a patient with an indwelling catheter may urinate directly into a collection container. In the case of an patient with an external bag, the patient should be asked to empty his or her bag in the privacy of a bathroom, show the empty bag to the collector, and then drink sufficient fluids at the collection site to provide 45 mL of urine, which can be subsequently poured by the patient from the bag into a collection container in the privacy of a bathroom. In this case, the temperature of the specimen would not be a critical factor. The collector should be keenly aware of the potential embarrassment that this type of collection can cause the patient and should conduct the collection with appropriate decorum.

The above scenario assumes that the patient's medical condition is not one that decreases or completely prohibits renal output, and that the patient can produce normal amounts of urine that is excreted into an external bag. Therefore, an patient with this or similar medical conditions would be subject to the same testing requirements (e.g., pre-employment, random) and to the "shy bladder" protocol (three hours and 40 ounces of fluids) as an patient with no medical condition. If a patient who normally voids in this manner declines to provide a urine specimen under these conditions, it would constitute a refusal to test.

#### TEMPERATURE.

The collector should check the temperature of the specimen as soon as the patient hands over the specimen, but no later than four minutes after the patient comes out of the restroom. The acceptable temperature range is  $32^{\circ}-38^{\circ}$ C/  $90^{\circ}-100^{\circ}$ F. Temperature is determined by reading the temperature strip originally affixed to or placed on the outside of the collection container after the patient hands the specimen to the collector.

(a) If the temperature is within the acceptable range, the "Yes" box is marked in Step 2 on the requisition form and the collector proceeds with the collection procedure.

(b) If the temperature is outside the acceptable range, the "No" box is marked in Step 2 on the requisition form and if the temperature was below or above the acceptable range should be noted in the "Remarks" line.

#### ADULTERATION OR SUBSTITUTION.

The collector must inspect the specimen for unusual color, presence of foreign objects or material, or other signs of tampering or adulteration. If it is apparent from this inspection that the patient has adulterated or substituted the specimen (e.g., the specimen is blue, exhibits excessive foaming when shaken, has smell of bleach), a second collection using direct observation procedures must be conducted immediately. The first specimen and the second specimen collected using direct observation are both sent to the laboratory for testing. The first specimen is always sent to the laboratory even though it may have had an insufficient volume, but showed signs of tampering.

If the patient does not provide the required amount of urine for the second collection using direct observation, the collector annotates the time the second specimen was not provided and initiates the shy bladder procedures. If after 3 hours the patient still cannot provide a sufficient amount of specimen, the collector ends the collection process.

http://rxguardian.ameritox.com/wp-content/themes/RxGuardian/Clinical-Interpretation-Guide.html

## **Universal Urine Collection Procedures**

To provide the highest quality of care and patient privacy, the following procedures are observed for urine drug screens at Choices Mental Health Counseling, PLLC:

Leave coat, hat, other outdoor clothing, and all bags outside the restroom.

Do not take anything into the restroom but the urine cup.

When the door is closed for privacy, do not run the sink for any reason.

Urinate directly into the cup, wiping any leakage with a dry paper towel.

Please provide a urine specimen of at least 45 mL.

Do not to flush the toilet or wash hands until after opening the door.

<u>Return the specimen *as soon as possible* after completing the void to prevent loss of temperature, or an observed collection may be necessary.</u>

The collector may set a reasonable time limit to be in the bathroom.

If you can not urinate, drink as much water as you wish and try again.

**Refusal to provide a specimen on request will be treated as if positive.** *The following will be considered as equivalent to refusal, and be reported to the Court and/or your MD, and considered as such when recommending level of care. Other behaviors considered as "refusals" include:* 

- Adulterating or substituting your urine specimen;
- Behaving in a confrontational way that disrupts the collection process;
- Leaving and promising to return by a specified time, then failing to do so.

#### ADDITIONAL NOTES

Note: Temperature of the specimen is a critical factor. You should bring the specimen to the collector <u>immediately</u> after urination. Wash your hands afterward. If it is longer than 4 minutes from the time the patient urinates into the container and the collector takes the specimen temperature, the potential exists that the specimen may be out of range and an observed collection may be required.

The presence of blood in the urine sample may adversely impact the testing process and, in addition, constitutes a biohazard for laboratory employees. Collection of "clean catch" urine specimens during menstruation should be attempted. *See written instructions, Request supplies from staff if needed.* 

Detailed policies and procedures can be found at <u>choicesmhc.com</u>.

# "Clean Catch" Urine Collection

### The following procedures are optional unless specifically indicated:

#### "Clean Catch" Collection – Female Patient:

1. If menstruating, insert a fresh tampon to halt flow.

3. Open the door. Wash hands with soap and water. Dry hands. Close the door again.

2. Open the sterile specimen collection cup without touching the rim, inside of cup, or inner surface of the cup lid.

4. Separate the skin fold around the urinary opening with one hand and keep apart until finished collecting the sample.

5. Using a moist towelette or cotton swab soaked in soapy water wash the urinary opening and surrounding tissue, front to back, and wipe dry.

6. Begin urinating into the toilet, holding skin folds apart with your fingers.

7. After the urine stream is well established, and without interrupting the urine flow, move the sterile container into the path of the stream to "catch" the urine.

8. Collect the urine until the container is approximately half full (or until flow of urine decreases substantially) and then finish voiding into toilet.

#### "Clean Catch" Collection – Male Patient:

1. With the door open, wash hands with soap and water. Dry hands. Close the door.

2. Open the sterile specimen collection cup without touching the rim, inside of cup, or inner surface of the cup lid.

3. Retract the foreskin if present and thoroughly wash the end of the penis using a moist towelette or washcloth soaked in soapy water. Rinse with clear water.

4. Begin urinating into the toilet.

5. After the urine stream is well established, and without interrupting the urine flow, move the sterile container into the path of the stream to "catch" the urine.

6. Collect the urine until the container is approximately half full (or until flow of urine decreases substantially) and then finish voiding into toilet.

Thank you for your cooperation.

Reminder

When giving urine for a drug screen,

## PLEASE <u>DO NOT FLUSH</u> TOILET OR RUN THE SINK FOR ANY REASON

until the door is open and your specimen accepted.

Your cooperation is sincerely appreciated.

#### **Certification:**

The attached "Specimen Collection Procedures for Urine Drug Screens" is adopted for use by Choices Mental Health Counseling, PLLC effective this date, and has been posted for public access on the web at <u>choicesmhc.com</u>.

CHOICES MENTAL HEALTH COUNSELING, PLLC

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