

Learn More About
iScreen OFD Employee Drug Testing Kits



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inverness medical innovations

**Drugs of Abuse Business Unit
iScreen OFD Training**



The iScreen OFD

- ◆ iScreen OFD Oral Fluid Test Device
 - Rapid on-site drug screening test device for the detection of drugs in oral fluid
 - Collect anywhere, anytime
 - Results within minutes
- ◆ iScreen OFD is available with up to 6 different drugs
 - AMP: Amphetamines
 - mAMP: Methamphetamine/MDMA
 - COC: Cocaine
 - OPI: Opiates
 - PCP: Phencyclidine
 - THC: Marijuana
- ◆ Gather all necessary testing supplies
 - iScreen OFD device in foil pouch
 - Drug screening chain of custody (COC) form
 - Timer or stop watch
 - Lab supplies for shipping of presumptive positive tests if necessary



Chain of Custody Form (COC)

Step 1

Step 2

Step 3

Step 4

1500004799

ORAL FLUID DRUG TESTING CUSTODY & CONTROL FORM

STEP 1: COMPLETED BY COLLECTOR OR EMPLOYER REPRESENTATIVE

COMPANY/EMPLOYER NAME / ACCOUNT NO. / ADDRESS CLIENT NAME / ADDRESS NRO NAME / ADDRESS / PHONE / FAX

GSI Commerce Inc. GSI Commerce Inc. Global Lab Solutions
 229 Hollie Drive 229 Hollie Drive Attn: Joseph D. Spalero, MD
 Martinsville, VA 24112 Martinsville, VA 24112 1109 South Main Street Ste 115
 Phone: (276) 670-6107 Phone: (276) 670-6107 Charlotte, NC 28203
 Fax: (276) 670-6127 Fax: (704) 374-0171
 Fax: (704) 374-0173

DONOR SSN, DRIVER'S LICENSE or EMPLOYEE I.D. NO. _____ ID VERIFIED BY: PHOTO ID EMPLOYER RMR

DONOR NAME: Last: _____ First: _____

REASON FOR TEST: Pre-Employment Random Reasonable Suspicion / Cause Post-Accident Return to Duty Police Stop Other

COLLECTION SITE NAME / ADDRESS (if different than CLIENT/EMPLOYER) _____ Collector Photo No. _____
 Collector Fax No. _____

STEP 2: COMPLETED BY DONOR

DONOR CONSENT: I certify that I provided my specimen to the collector that the specimen container was sealed with a tamper proof seal in my presence and that the information provided on the form and on the label affixed to the specimen container is correct. I hereby give permission for the release of the results of these tests to the eye health care provider. In the case of accession for employment or pre-employment, I also authorize release of the results of these tests to my employer or prospective employer and / or their authorized health care provider.

Signature of Donor _____ (Print Donor's Name (Print, MR, Last) _____ Date (Mo/Day/Yr) _____
 Daytime Phone: _____ Evening Phone: _____ Date of Birth: _____ (Mo/Day/Yr)

STEP 3: COMPLETED BY COLLECTOR — SELECT TYPE OF TEST (Check one below)

LAB ORAL DRUG TEST—pre-ordered panel (Use lab panel below)
 Lot #: _____ Exp. Date: _____

ON-SITE SCREENING DEVICE—preliminary results (Complete for on-site device results)

DRUG NAME	NEG	POSITIVE	NOT TESTED
Amphetamine (AMPH)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Benzodiazepines (BZO)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cocaine (COCA)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Marijuana (THC)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Methamphetamine (M-AMPH)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Opiates (OPI)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Phencyclidine (PCP)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Tests performed by: _____ Date: _____
 Remarks: _____

STEP 4: CHAIN OF CUSTODY — INITIATED BY COLLECTOR AND COMPLETED BY LABORATORY


COLLECTOR CERTIFICATION: I certify that the specimen given to me by the donor identified above was collected, labeled, sealed & released as noted in accordance with applicable requirements.

Signature of Collector _____ Title of Collector _____ SPECIMEN RELEASED TO: (check one)
 (Print Collector's Name (Print, MR, Last) _____ Date (Mo/Day/Yr) _____
 UPS FedEx Other: _____
 DHL Courier

RECEIVED AT LABORATORY: _____ SPECIMEN SEAL INTACT? Yes No LABELS MATCH? Yes No
 Initials _____ Date (Mo/Day/Yr) _____

ON COPY 1 DO NOT WRITE IN THIS AREA
 (This is pressure sensitive paper. Writing in this area could render the remaining COC copies unusable.)

Remove labels before writing on them. Place center of label over cap of specimen container.

Security Seal 1500004799 Donor Initials _____
 REDWOOD TOXICOLOGY LABORATORY Date Collected _____  1500004799
 Place Over Cap

Redwood Toxicology Laboratory // 3050 Westwind Blvd, Santa Rosa, CA 95403 // Laboratory phone: 800-255-2199 1 OF 5 LABORATORY COPY

The Process: Performing the Drug Screen

Completing the Chain of Custody (COC)

◆ Test Administrator Performs Following

- Verify donor Photo ID – Complete **Step 1** of the COC Form

DONOR SSN, DRIVER'S LICENSE or EMPLOYEE I.D. NO.		ID VERIFIED BY: PHOTO ID <input type="checkbox"/>	EMPLOYER REP. <input type="checkbox"/>
DONOR NAME: Last:		First:	
REASON FOR TEST: Pre Employment <input type="checkbox"/> Random <input type="checkbox"/> Reasonable Suspicion / Cause <input type="checkbox"/> Post Accident <input type="checkbox"/> Return to Duty <input type="checkbox"/> Follow Up <input type="checkbox"/> Other <input type="checkbox"/>			
COLLECTION SITE NAME / ADDRESS (if different than CLIENT NAME above)		Collector Phone No. ()	Collector Fax No. ()

- Record Device Lot and Expiration in **Step 3**
- Print collector/administrator name and date

STEP 3: COMPLETED BY COLLECTOR — SELECT TYPE OF TEST (Check one below)

<input type="checkbox"/> LAB ORAL DRUG TEST —pre-ordered panel (Review lab panel below) Lot #: _____ Exp. Date: _____	<input type="checkbox"/> ON-SITE SCREENING DEVICE —preliminary results (Complete for on-site device results) <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 60%;"></th> <th style="width: 10%;">NEG</th> <th style="width: 10%;">PRESUMPTIVE POSITIVE</th> <th style="width: 10%;">NOT TESTED</th> </tr> </thead> <tbody> <tr> <td>Amphetamine (AMP)</td> <td>[]</td> <td>[]</td> <td>[]</td> </tr> <tr> <td>Benzodiazepines (BZO)</td> <td>[]</td> <td>[]</td> <td>[]</td> </tr> <tr> <td>Cocaine (COC)</td> <td>[]</td> <td>[]</td> <td>[]</td> </tr> <tr> <td>Marijuana (THC)</td> <td>[]</td> <td>[]</td> <td>[]</td> </tr> <tr> <td>Methamphetamine (M-AMP)</td> <td>[]</td> <td>[]</td> <td>[]</td> </tr> <tr> <td>Opiates (OPI)</td> <td>[]</td> <td>[]</td> <td>[]</td> </tr> <tr> <td>Phencyclidine (PCP)</td> <td>[]</td> <td>[]</td> <td>[]</td> </tr> <tr> <td>Other: _____</td> <td>[]</td> <td>[]</td> <td>[]</td> </tr> </tbody> </table> Screen performed by: _____ Date: _____ Remarks: _____		NEG	PRESUMPTIVE POSITIVE	NOT TESTED	Amphetamine (AMP)	[]	[]	[]	Benzodiazepines (BZO)	[]	[]	[]	Cocaine (COC)	[]	[]	[]	Marijuana (THC)	[]	[]	[]	Methamphetamine (M-AMP)	[]	[]	[]	Opiates (OPI)	[]	[]	[]	Phencyclidine (PCP)	[]	[]	[]	Other: _____	[]	[]	[]
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Phencyclidine (PCP)	[]	[]	[]																																		
Other: _____	[]	[]	[]																																		

The Process: Performing the Drug Screen

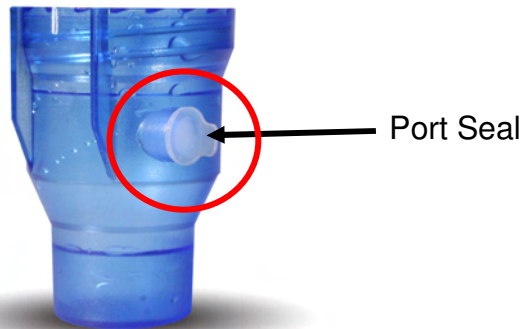
◆ Give Test Device to Donor

Note: Test Administrator should not handle the test device once handed to the donor, until the security seal has been applied and Chain of Custody has been established.

- Instruct donor to open device
- Have donor remove plastic sponge protector and discard

◆ Set aside blue device cap

Verify that plastic port seal is on cap
If not, remove from pouch and insert into cap



Sponge Protector



The Process: Sample Collection

- ◆ Instruct donor on proper procedure for saliva collection
 - Ensure that the donor has not placed anything in mouth for at least **10 minutes** prior to collection. Including food, drink, tobacco products, gum, candy, etc.
 - Actively swab inside of mouth and top of tongue for **3 minutes**
 - Allow saliva to saturate sponge
 - Sponge should soften completely



The Process: Initiating Test




- ◆ Donor secures blue cap onto the test device
 - The test device should be held vertically and inserted into the blue cap, tightening until the red arrow on the test device is aligned with one of the white marks on the cap.
 - Once the cap is in place, the saliva will wick up the test strips – you will see a pink migration indicating proper saliva flow.
 - If either of the test strips fails to wick, have the donor loosen the blue cap $\frac{1}{2}$ to $\frac{3}{4}$ of a turn and then re-tighten. This allows the air pressure within the device to equalize and the sample to flow properly.

Failure to wick properly can be caused by insufficient sample volume, extremely viscous saliva, or an air bubble blocking the flow.

The Process: Securing the Device

◆ Test Completion

- Instruct donor to initial and date the silver security seal included in test kit box
 - Donor will place this security seal over device
- Have the donor initial and date the security seal from the bottom of the COC form
 - Remove security seal/barcode from COC form and apply to the back of the test device lengthwise

Security Seal REDWOOD TOXICOLOGY LABORATORY	1500004799	 1500004799
	Donor Initials _____	

KEEP THE TEST DEVICE IN VIEW OF BOTH THE DONOR AND ADMINISTRATOR UNTIL DEVICE IS SEALED WITH SECURITY SEAL

ADMINISTRATOR SHOULD NOT HANDLE DEVICE UNTIL SECURITY SEALS ARE IN PLACE



Applicant Signature/Collector Signature

- ◆ Instruct donor to sign, date and provide contact info in **Step 2**

Once completed and signed, p. 5 of the form may be given to the donor as a record.

STEP 2: COMPLETED BY DONOR

DONOR CONSENT: I certify that I provided my specimen to the collector, that the specimen container was sealed with a tamper proof seal in my presence and that the information provided on this form and on the label affixed to the specimen container is correct. I hereby give permission for the release of the results of these tests to my health care provider. In the case of screening for employment or pre-employment, I also authorize release of the results of these test to my employer or prospective employer and / or their authorized health care provider.

X _____
Signature of Donor (Print) Donor's Name (First, MI, Last) Date (Mo/Day/Yr)

Daytime Phone: _____ Evening Phone: _____ Date of Birth: _____
(Mo/Day/Yr)

DONOR MAY NOW BE DISMISSED

- ◆ Administrator must sign, date and print name in **Step 4**, and if sending to the lab for confirmation testing, check appropriate “Specimen Release To” box

STEP 4: CHAIN OF CUSTODY – INITIATED BY COLLECTOR AND COMPLETED BY LABORATORY

COLLECTOR CERTIFICATION: I certify that the specimen given to me by the donor identified above was collected, labeled, sealed & released as noted in accordance with applicable requirements.

X _____
Signature of Collector Time of Collection

X _____
(Print) Collector's Name (First, MI, Last) Date (Mo/Day/Yr)

SPECIMEN RELEASED TO: (check one)

UPS FedEx Other: _____

DHL Courier

RECEIVED AT LABORATORY

X _____
Initials Date (Mo/Day/Yr)

SPECIMEN SEAL INTACT?

Yes No

LABELS MATCH?

Yes No

Results: Interpretation and Documentation

- ◆ Interpret the test results at 10 minutes
- ◆ Results are stable for up to one (1) hour
- ◆ Each test strip in the device includes an internal procedural Control (C) ensuring proper device function.
- ◆ Control lines should form next to the C on each of the test strips.
- ◆ Test interpretation:
 - A line next to the drug name indicates a negative result for that drug.
 - The absence of a line next to the drug name indicates a presumptive positive for that drug.

Drug screen results should NEVER be given to donor.

Results: Interpretation and Documentation

Invalid Test Result

- ◆ Each test strip within the device includes an internal procedural Control (C) ensuring proper device function.
- ◆ Control lines should form on both test strips, indicating the test functioned properly.
- ◆ The absence of a Control line in either of the test strips indicates the test is **INVALID**.
- ◆ Discard the test device.
- ◆ Perform another test with a new sample and a new device.



Results: Interpretation and Documentation

Negative Test Result

- ◆ The appearance of a line next to every drug name and **BOTH** control areas
- ◆ Record results of test in **Step 3** on COC form
- ◆ File in accordance with company policy
- ◆ Discard test device
- ◆ **Any indication of a line regardless of intensity is correctly interpreted as a negative test result.**



DRUG NAME	PRESUMPTIVE		
	NEG	POSITIVE	NOT TESTED
Amphetamine (AMP)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Benzodiazepines (BZO)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Cocaine (COC)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Marijuana (THC)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Methamphetamine (M-AMP)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Opiates (OPI)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Phencyclidine (PCP)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Results: Interpretation and Documentation

Presumptive Positive Test Result

- ◆ The absence of a line next to the drug name indicates a presumptive positive for that drug.
- ◆ Example shows: presumptive positive test result for THC
- ◆ Record results of test in **Step 3** on COC form



DRUG NAME	NEG	PRESUMPTIVE POSITIVE	NOT TESTED
Amphetamine (AMP)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Benzodiazepines (BZO)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Cocaine (COC)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Marijuana (THC)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Methamphetamine (M-AMP)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Opiates (OPI)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Phencyclidine (PCP)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Sending Sample to the Lab

Prepare device for shipment to lab for confirmation

- ◆ Take page 1 of the custody and control form labeled “Laboratory Copy” and insert into lab transport pouch
- ◆ Place test device in lab transport pouch on the side with the absorbent pad
- ◆ Place lab pouch into transport bag and apply air bill
- ◆ Schedule package pick up with freight carrier
- ◆ You are done!



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