

# Chain of Custody Request

## Client Information (required)

Client Name		
Client Account No.		
Client Phone		
Street Address		
City	State	ZIP Code

## Patient Information (required)

Patient ID (Medical Record No.)	
Patient Name (Last, First Middle)	
Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	Birth Date (mm-dd-yyyy)
Collection Date (mm-dd-yyyy)	Time <input type="checkbox"/> am <input type="checkbox"/> pm

## Submitting Provider Information (required)

Submitting/Referring Provider Name (Last, First)
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### Fill in only if Call Back is required.

Phone (with area code)	Fax* (with area code)
National Provider Identification (NPI)	

<b>MCL Internal Use Only</b>

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

**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. Incomplete Chain of Custody will result in delay of processing or inability to process as Chain of Custody. (required)**

<b>Custody Change</b> <small>(required)</small>	<b>Responsible Party</b> <small>(required)</small>	<b>Print Name</b> (Last, First Middle) <small>(required)</small>	<b>Sign</b> <small>(required)</small>	<b>Date</b> (mm-dd-yyyy) <small>(required)</small>
Specimen provided for testing	Donor Full Name, or Legal Representative or Medical Staff (if donor unable to sign)			
Specimen received and sealed	Collector			

**This section below will be filled out by Mayo Clinic Laboratories personnel upon receipt of the specimen. (required)**

<b>Custody Change</b> <small>(required)</small>	<b>Responsible Party</b> <small>(required)</small>	<b>Print Name</b> (Last, First Middle) <small>(required)</small>	<b>Sign</b> <small>(required)</small>	<b>Date</b> (mm-dd-yyyy) <small>(required)</small>
Specimen received by Mayo Clinic Clinical and Forensic Toxicology Laboratory	Mayo Clinic Lab Personnel			

### Ship specimens to:

Mayo Clinic Laboratories  
3050 Superior Drive NW  
Rochester, MN 55905

**Customer Service: 800-533-1710**

Visit [www.MayoClinicLabs.com](http://www.MayoClinicLabs.com) for the most up-to-date test and shipping information.

### 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)

**Patient Information** (required)

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

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

URINE TESTING	
<input type="checkbox"/> CDAUX	Drug Abuse Panel with Confirmation, Chain of Custody, Random, Urine
<input type="checkbox"/> CDA5X	Drug Abuse Survey with Confirmation, Panel 5, Chain of Custody, Random, Urine
<input type="checkbox"/> CDA7X	Drug Abuse Survey with Confirmation, Panel 9, Chain of Custody, Random, Urine
<input type="checkbox"/> PDSUX	Drug Screen, Prescription/Over the Counter, Chain of Custody, Random, Urine
<input type="checkbox"/> PANOX	Pain Clinic Survey 10, Chain of Custody, Random, Urine
<input type="checkbox"/> OXYSX	Oxycodone Screen, Chain of Custody, Random, Urine
<input type="checkbox"/> ADLTX	Adulterants Survey, Chain of Custody, Random, Urine

INDIVIDUAL URINE DRUG TESTING	
<input type="checkbox"/> 6MAMX	6-Monoacetylmorphine, Chain of Custody, Random, Urine
<input type="checkbox"/> AMPHX	Amphetamines Confirmation, Chain of Custody, Random Urine
<input type="checkbox"/> ETGX	Ethyl Glucuronide Confirmation, Chain of Custody, Random, Urine
<input type="checkbox"/> BARBX	Barbiturates Confirmation, Chain of Custody, Random, Urine
<input type="checkbox"/> BNZX	Benzodiazepines Confirmation, Chain of Custody, Random, Urine
<input type="checkbox"/> BUPMX	Buprenorphine and Norbuprenorphine, Chain of Custody, Random, Urine

<input type="checkbox"/> COKEX	Cocaine and Metabolite Confirmation, Chain of Custody, Random, Urine
<input type="checkbox"/> FENTX	Fentanyl with Metabolite Confirmation, Chain of Custody, Random, Urine
<input type="checkbox"/> MTDNX	Methadone Confirmation, Chain of Custody, Random, Urine
<input type="checkbox"/> OPATX	Opiates Confirmation, Chain of Custody, Random, Urine
<input type="checkbox"/> OXYCX	Oxycodone with Metabolite Confirmation, Chain of Custody, Random, Urine
<input type="checkbox"/> PCPX	Phencyclidine Confirmation, Chain of Custody, Random, Urine
<input type="checkbox"/> THCX	Delta-8 and Delta-9-Carboxy-Tetrahydrocannabinol (THC) Confirmation, Chain of Custody, Random, Urine
<input type="checkbox"/> VLTUX	Volatile Screen, Chain of Custody, Random, Urine

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

BLOOD TESTING	
<input type="checkbox"/> ALCX	Ethanol, Chain of Custody, Blood
<input type="checkbox"/> VLTBX	Volatile Screen, Chain of Custody, Blood
<input type="checkbox"/> DSSX	Drug Screen, Prescription/Over the Counter, Chain of Custody, Serum
<input type="checkbox"/> FNTSX	Fentanyl and Metabolite, Chain of Custody, Serum

MECONIUM TESTING	
<input type="checkbox"/> DSM4X	Drugs of Abuse Screen 4, Chain of Custody, Meconium
<input type="checkbox"/> DSM5X	Drugs of Abuse Screen 5, Chain of Custody, Meconium
<input type="checkbox"/> MAMMX	6-Monoacetylmorphine (6-MAM) Confirmation, Chain of Custody, Meconium
<input type="checkbox"/> AMPMX	Amphetamine-Type Stimulants Confirmation, Chain of Custody, Meconium
<input type="checkbox"/> THCMX	11-nor-Delta-9-Tetrahydrocannabinol-9-Carboxylic Acid (Carboxy-THC) Confirmation, Chain of Custody, Meconium
<input type="checkbox"/> COKMX	Cocaine and Metabolite Confirmation, Chain of Custody, Meconium
<input type="checkbox"/> OPTMX	Opiate Confirmation, Chain of Custody, Meconium
<input type="checkbox"/> PCPMX	Phencyclidine (PCP) Confirmation, Chain of Custody, Meconium

ADDITIONAL TESTS (indicate Test ID and name)
_____
_____
_____

REMARKS
_____
_____
_____

**Urine Collection Procedure**

- Remove transport bag, collection cup, transport bottle, temperature strips and security tape from the Chain of Custody Kit.
- Complete the **Patient Information** and **Test** sections of this form.
- If this is an **unwitnessed collection**, do not allow the donor into restroom until steps below are followed. This will decrease the possibility for an adulterated collection.
  - Add bluing to the toilet water.
  - Tape the top of the toilet tank closed.
  - Secure sink and soap dispensers with tape.
  - Clear all areas, including cupboards and garbage containers, of agents that could be added to urine to void testing results.
  - Do not allow coats, bags, etc that could conceal adulteration material.
- 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**

- Immediately verify sufficient volume was collected and check sample integrity by examining appearance, odor or other unusual characteristics.
- Immediately record temperature, if required.
- Have donor sign and date form under **Donor Signature/Date/Printed Name**. (If donor is not able to sign, a legal representative or medical staff member may provide their own Full Name/Sign/Date.)
- Pour a minimum of 30 mL** from the collection cup into the 60 mL urine transport bottle.

- Collection personnel sign or initial and date a security tape and seal over the cap of the specimen.
- 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.
  - Patient name or unique patient identifier.
  - Patient number, hospital or specimen number, or birth date. Do **not** place security tape over these identifiers.
- Indicate if a split specimen was collected or if there were collection problems.
- When specimens are sealed, print collector's name and sign and date form under **Collector Signature/Date/Printed Name**. **Note:** Date must match date on the security tape.
- Place specimen into rear pouch of transport bag and seal pouch by removing blue tape.
- 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.**