

Newborn Custody And Control Form Instructions

United States Drug Testing Laboratories, Inc. drug panels list:

- 5 drug panel: amphetamines, cocaine, opiates, PCP and cannabinoids
- 7 drug panel: 5 drug plus barbiturates and methadone
- 9 drug panel: 7 drug plus propoxyphene and benzodiazepines
- 12 drug panel: 9 drug plus oxycodone, tramadol and meperidine
- 13 drug panel (meconium and umbilical cord only): 12 drug plus buprenorphine

1. Annotate the newborn's name (optional).
2. Annotate the donor's ID number. This number may be the medical record number, hospital laboratory accession number or any other unique number of your choosing. Hospital patient ID label/sticker may be used in this section to suffice step 1 and step 2.
3. Annotate Specimen Type.
4. Annotate the panel to be performed (refer to the list above). **Check ALL that apply.**
 - EtOH analysis requires an additional annotation. For example, if the 5 Drug Panel plus ethanol is required, then both the EtOH and the 5 Drug Panel boxes should be marked.
 - If you are collecting meconium, proceed to step 5M.
 - For umbilical cord, blood spot, hair, urine or breast milk collections, proceed to step 6U.



For meconium collection (for other samples, see below):

- 5M. Each collection of meconium can be documented in steps 5a through 5f. Annotate the date and time for each collection in the blocks provided.
- 6M. After the final collection, the specimen container must be sealed. Be sure to utilize the specimen seal(s) provided on the bottom of the requisition form. Match/verify the patient/donor information on the requisition form with the patient/donor information on the specimen. The individual that seals the specimen container(s) with tamper proof, barcoded label signs and dates step 6M. Continue to step 7.

For umbilical cord, blood spot, hair, urine or breast milk collection:

- 6U. Specimen container must be sealed. Be sure to utilize the specimen seal(s) provided on the bottom of the requisition form. Match/verify the patient/donor information on the requisition form with the patient/donor information on the specimen. The individual that seals the specimen container with the tamper proof, barcoded label signs and dates step 6U. Continue to step 7.
7. Collector/processor print, sign and date the form.
8. Sendouts technician print, sign and date the form to release to courier. (Optional)
9. This section is for lab use only.



Rev.2014.07.15

FORENSIC NEWBORN DRUG TESTING CUSTODY AND CONTROL FORM



CONTROL #

4342001

FORM # NDS-001 (03/14)

PATIENT / DONOR	CLIENT
<p>Name (1)</p> <p>----- Last ----- First -----</p> <p>ID # (2)</p> <p>-----</p> <p>(3)</p>	<p>THIS SECTION WILL CONTAIN PRE-PRINTED CLIENT/HOSPITAL INFORMATION</p> <p>PLEASE MAKE SURE ALL INFORMATION PRINTED IN THIS SECTION IS CORRECT PRIOR TO UTILIZING</p> <p>(5M)</p>


TEST(S) REQUESTED (CHECK ALL THAT APPLY)	MECONIUM COLLECTIONS																		
<p><input type="checkbox"/> Umbilical Cord <input type="checkbox"/> Meconium <input type="checkbox"/> Blood Spot <input type="checkbox"/> Hair <input type="checkbox"/> Urine <input type="checkbox"/> Other <input type="text"/></p> <p><input type="checkbox"/> Default Panel: (4)</p> <p><input type="checkbox"/> EtOH</p> <p><input type="checkbox"/> 5 Drug Panel</p> <p><input type="checkbox"/> 7 Drug Panel</p> <p><input type="checkbox"/> 9 Drug Panel</p> <p><input type="checkbox"/> 12 Drug Panel</p> <p><input type="checkbox"/> 13 Drug Panel</p> <p><input type="checkbox"/> Designer Stimulants</p> <p><input type="checkbox"/> Other <input type="text"/></p>	<p>TO BE COMPLETED BY COLLECTOR(S)</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 80%;">SIGNATURE OF SPECIMEN COLLECTOR</th> <th style="width: 20%;">DATE / TIME</th> </tr> </thead> <tbody> <tr><td style="text-align: center;">5a</td><td></td></tr> <tr><td style="text-align: center;">5b</td><td></td></tr> <tr><td style="text-align: center;">5c</td><td></td></tr> <tr><td style="text-align: center;">5d</td><td></td></tr> <tr><td style="text-align: center;">5e</td><td></td></tr> <tr><td style="text-align: center;">5f</td><td></td></tr> <tr> <th style="width: 80%;">SPECIMEN CONTAINER SEALED BY</th> <th style="width: 20%;">DATE / TIME</th> </tr> <tr> <td style="text-align: center;">(6M)</td> <td></td> </tr> </tbody> </table>	SIGNATURE OF SPECIMEN COLLECTOR	DATE / TIME	5a		5b		5c		5d		5e		5f		SPECIMEN CONTAINER SEALED BY	DATE / TIME	(6M)	
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(6M)																			

Collector/Processor Certification	(7)
<p>I certify that the specimen identified on this form has been collected/processed, labeled and/or sealed. I hereby release this specimen for transport to the sendouts section / USDTL.</p>	<p>Printed Name _____</p> <p>X Signature _____ Date / Time <input type="checkbox"/> AM <input type="checkbox"/> PM</p>

Sendouts Section Certification (Optional)	(8)
<p>I certify that the specimen received with this form was sealed in the appropriate container with the seal intact, and the identification number and/or name on this form matched that on the specimen, and the specimen was released for transport to USDTL for testing.</p>	<p>Printed Name _____</p> <p>X Signature _____ Date _____</p>

FOR USDTL USE ONLY (9)	
<p>Laboratory Certification</p> <p>I certify that the specimen received with this form was sealed in the appropriate container with the seal intact, and the identification number and/or name on this form matches that on the specimen, and the specimen was transferred to temporary laboratory storage.</p>	<p>Printed USDTL Accessioner's Name _____</p> <p>X Signature of USDTL Accessioner _____ Date _____</p>

(6M/6U)

<p> 4342001 CONTROL NO.</p>	A			<p>SPECIMEN SEAL</p>	<p>_____/_____/_____ Date (Mo. Day Yr.)</p> <p>_____ Sealed by</p>	<p> 4342001</p>
<p> 4342001 CONTROL NO.</p>	B (SPLIT)			<p>SPECIMEN SEAL</p>	<p>_____/_____/_____ Date (Mo. Day Yr.)</p> <p>_____ Sealed by</p>	<p> 4342001</p>