

How to Collect Oral Fluid

Quantisal Collection Device - With Social Distancing

If the donor has gum, ice, candy, etc. in their mouth, ask them to remove the object before beginning the collection process. The donor must abstain from food and drink for 10 minutes prior to oral fluid collection. Carefully instruct the donor to perform the following steps in order to properly conduct their own sample collection. **Please wash hands before and after the collection process.**

1



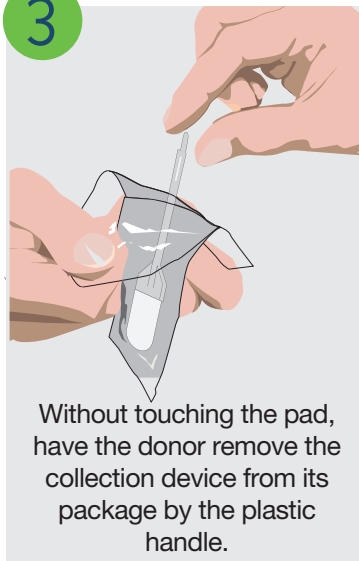
The collector should fill out their portion **prior** to handing off the Chain of Custody, collection device, and clear bag to the donor to minimize contact. Now have the donor complete their sections.

2



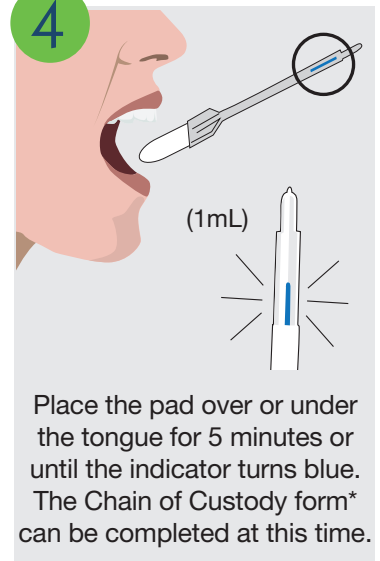
Instruct the donor to remove the contents of the Quantisal Package.

3



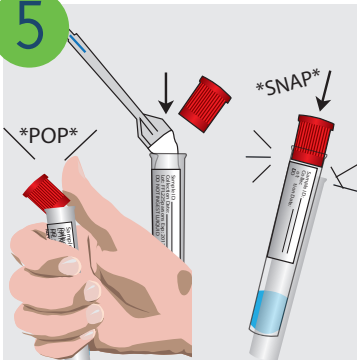
Without touching the pad, have the donor remove the collection device from its package by the plastic handle.

4



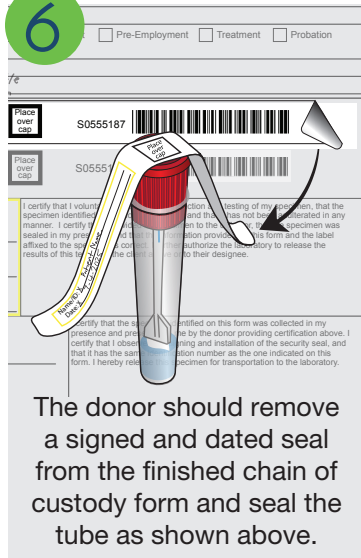
Place the pad over or under the tongue for 5 minutes or until the indicator turns blue. The Chain of Custody form* can be completed at this time.

5



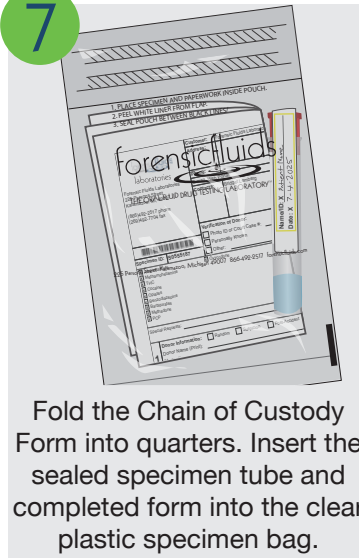
Have the donor pop the cap off of the collection tube. Then have them insert the saturated pad into the tube and replace the cap tightly.

6



The donor should remove a signed and dated seal from the finished chain of custody form and seal the tube as shown above.

7



Fold the Chain of Custody Form into quarters. Insert the sealed specimen tube and completed form into the clear plastic specimen bag.

8



Seal the specimen bag and place it into the prepaid shipping bag. Send the shipping bag to Forensic Fluids for testing.

The above instructions are intended for reference purposes only.

For questions or for full training, please call Forensic Fluids Laboratories at 866.492.2517



The Oral Fluid Drug Testing Specialists
866.492.2517 | forensicfluids.com
225 Parsons Street Kalamazoo, MI

Filling Out the Chain of Custody

It is very important that boxes 1,2,3, and 4 be filled out completely and correctly in the case of a court hearing. **The collector should fill out their portion prior to handing off the Chain of Custody, collection device, and clear bag to the donor to minimize contact. Both parties should wash their hands before and after the collection process.**

Special Request Line

Please specify any additional drugs that you would like FFL to test this sample for. This includes medications, K2, bath salts, alcohol, specific opiates or benzodiazepines, or any other drug on our drug list.

Box 1: Donor Information

Please print the donor's name and specify any medications the donor is taking.

Box 2: Seals For Sample








Please instruct the donor to write his or her name and date on both seals. These should be used only to seal specimen tubes (one strip per tube please. The second strip is backup).

Box 3: Donor Consent

The donor consent box must be filled out clearly with a printed name, signature, and date of collection.

Box 4: Observer Certification

To document that the sample collection was properly observed, please provide your name, signature, and date of collection. Please make sure that all dates match.

 Forensic Fluids Laboratories 225 Parsons Street Kalamazoo, MI, 49007 (866)492-2517 phone (269)492-7704 fax	Customer: Forensic Fluids Laboratories Address:				
	Phone: _____ Account#: 13030458				
	E-mail, Web Portal				
	Contacts: Bridget Lemberg blemberg@forensicfluids.com				
Verification of Donor: <input type="checkbox"/> Photo ID or Court Case #: _____ <input type="checkbox"/> Personally Known <input type="checkbox"/> Other: _____					
Specimen ID: S0555187					
<input checked="" type="checkbox"/> Amphetamine <input checked="" type="checkbox"/> Oxycodone <input checked="" type="checkbox"/> Methamphetamine <input checked="" type="checkbox"/> THC <input checked="" type="checkbox"/> Cocaine <input checked="" type="checkbox"/> Opiates <input checked="" type="checkbox"/> Benzodiazepine <input checked="" type="checkbox"/> Barbiturates <input checked="" type="checkbox"/> Methadone <input checked="" type="checkbox"/> PCP					
Special Requests: <u>K2, Xanax</u>					
Donor Information: <input type="checkbox"/> Random <input type="checkbox"/> Suspicion <input type="checkbox"/> Post-Accident <input type="checkbox"/> Pre-Employment <input type="checkbox"/> Treatment <input type="checkbox"/> Probation Donor Name (Print): <u>Susie Saliva</u> Medications: <u>Norco, Xanax, Flexeril</u>					
1					
<table border="1"> <tr> <td> 2 Name/ID: X <u>Susie Saliva</u> Date: X <u>7-4-2025</u> </td> <td> Place over cap S0555187  </td> </tr> <tr> <td> Name/ID: X _____ Date: X _____ </td> <td> Place over cap S0555187  </td> </tr> </table>		2 Name/ID: X <u>Susie Saliva</u> Date: X <u>7-4-2025</u>	Place over cap S0555187 	Name/ID: X _____ Date: X _____	Place over cap S0555187 
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White Copy - Lab

Yellow Copy - Client

Completed by donor	Completed by collector
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