

How to Collect Oral Fluid

Quantisal Collection Device - For Drugs of Abuse Clients

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.

1



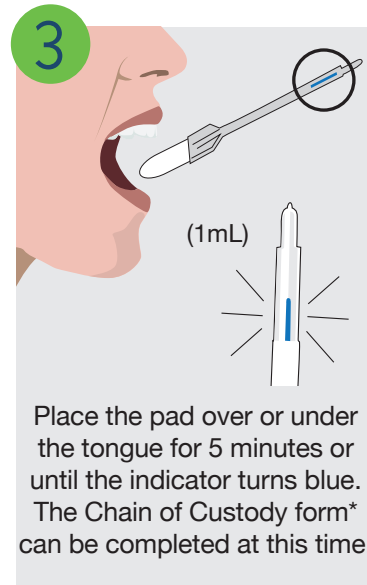
Instruct the donor to remove the contents of the Quantisal package

2




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

3



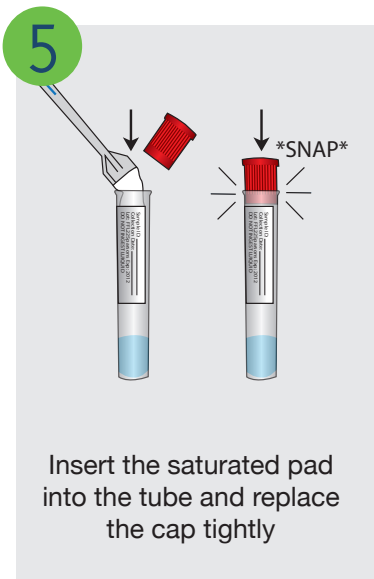
Place the pad over or under the tongue for 5 minutes or until the indicator turns blue. The Chain of Custody form* can be completed at this time.

4



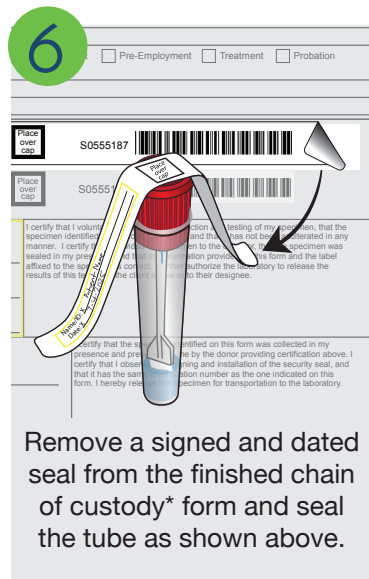
Pop the cap off of the collection tube

5



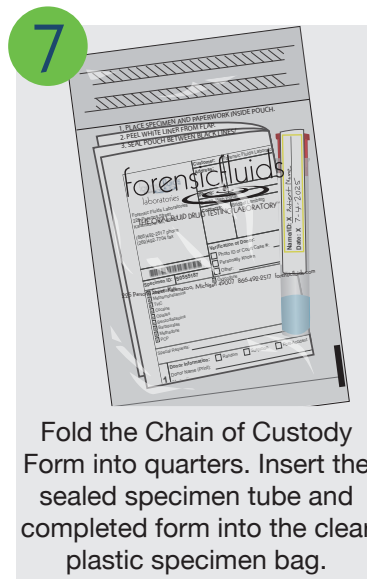
Insert the saturated pad into the tube and replace the cap tightly

6



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.

*See reverse side for chain of custody form instructions

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.

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 Demo Address: 225 Parsons St Kalamazoo, MI 49007								
	Phone: (269)492-7700 Account#: 12345678								
	Web Portal								
	Contacts: Customer Service customerservice@forensicfluids.com								
									
Specimen ID: S0555187									
<input checked="" type="checkbox"/> Amphetamine <input checked="" type="checkbox"/> Fentanyl <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"/> Methadone <input checked="" type="checkbox"/> Oxycodone <input checked="" type="checkbox"/> Buprenorphine									
Special Requests: <u>Ritalin</u>									
Donor Information: Donor Name (Print): <u>Susie Saliva</u> Medications: <u>Norco, Xanax, Flexeril</u>									
<table border="1"> <tr> <td rowspan="2" style="text-align: center; vertical-align: middle;"> 2 </td> <td> Name: X <u>Susie Saliva</u>  </td> <td rowspan="2" style="text-align: center; vertical-align: middle;"> S0555187  </td> </tr> <tr> <td> Date: X <u>7-4-2025</u> </td> </tr> <tr> <td rowspan="2" style="text-align: center; vertical-align: middle;"> 2 </td> <td> Name: X _____  </td> <td rowspan="2" style="text-align: center; vertical-align: middle;"> S0555187  </td> </tr> <tr> <td> Date: X _____ </td> </tr> </table>		2	Name: X <u>Susie Saliva</u> 	S0555187 	Date: X <u>7-4-2025</u>	2	Name: X _____ 	S0555187 	Date: X _____
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	Date: X <u>7-4-2025</u>								
2	Name: X _____ 	S0555187 							
	Date: X _____								
Donor Consent: <input checked="" type="checkbox"/> <u>Susie Saliva</u> <small>Donor Name (Print)</small> <input checked="" type="checkbox"/> <u>Susie Saliva</u> <small>Donor Signature</small> Date: X <u>7-4-2025</u>									
Observer Certification: <u>Wendy Watcher</u> <small>Observer Name (Print)</small> <u>Wendy Watcher</u> <small>Observer Signature</small> Date: <u>7-4-2025</u>									
I certify that I voluntarily consent to the collection and testing of my specimen, that the specimen identified on this form is my own, and that it has not been adulterated in any manner. I certify that I provided my specimen to the collector, that the specimen was sealed in my presence, and that the information provided on this form and the label affixed to the specimen is correct. I further authorize the laboratory to release the results of this testing to the client above or to their designee.									
I certify that the specimen identified on this form was collected in my presence and presented to me by the donor providing certification above. I certify that I observed the signing and installation of the security seal, and that it has the same identification number as the one indicated on this form. I hereby release this specimen for transportation to the laboratory.									
Signature of DHS representative on this referral form authorizes testing of this sample and reporting of the lab result back to DHS.									

White Copy - Lab

Yellow Copy - Client

Completed by donor	Completed by collector
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