

How to Collect Oral Fluid

STATSwab Instant Test

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



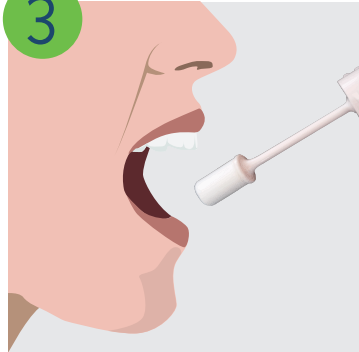
Instruct the donor to remove the contents of the STATSwab package

2



Remove the collection device from the plastic wrapping without touching the pad.

3



Place the pad in the donor's mouth until the pad is very saturated.

4



Place the pad in the collection device, sponge side down, and tightly screw the cap on clockwise.

5



Place the tube upright on a flat surface. Wait 10 minutes to peel the label and reveal the results.

6



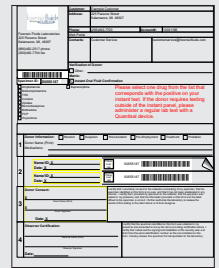
Examine the results for each compound to determine the results of the test. Do **not** write any donor information on the tube.

7



Absence of color in the control or "C" area indicate an invalid result, use another test. The "T" refers to test. For laboratory confirmation testing, use a Quantisal device.

8



If necessary, fill out the chain of custody as indicated on the reverse side of this page.

The above instructions are intended for reference purposes only. For questions or for full training, please call Forensic Fluids Laboratories at 866.492.2517

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.

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: Example Customer								
	Address: 225 Parsons Street Kalamazoo, MI 49007								
	Phone: (269)492-7700	Account#: 13031166							
	Web Portal								
	Contacts: Customer Service	customerservice@forensicfluids.com							
Verification of Donor: <input type="checkbox"/> Other: _____									
Matrix: <input checked="" type="checkbox"/> Instant Oral Fluid Confirmation									
<input type="checkbox"/> Amphetamine <input type="checkbox"/> Buprenorphine <input type="checkbox"/> Methamphetamine <input type="checkbox"/> THC <input type="checkbox"/> Cocaine <input type="checkbox"/> Opiates <input type="checkbox"/> Benzodiazepines <input type="checkbox"/> Methadone <input type="checkbox"/> PCP <input type="checkbox"/> Oxycodone									
Specimen ID: S0555187									
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									
1 Donor Name (Print): _____ Medications: _____									
2 <table border="1"><tr><td>Name/ID: X Date: X</td><td>Place over cap</td><td>S0555187</td><td></td></tr><tr><td>Name/ID: X Date: X</td><td>Place over cap</td><td>S0555187</td><td></td></tr></table>		Name/ID: X Date: X	Place over cap	S0555187		Name/ID: X Date: X	Place over cap	S0555187	
Name/ID: X Date: X	Place over cap	S0555187							
Name/ID: X Date: X	Place over cap	S0555187							
3 Donor Consent: <input checked="" type="checkbox"/> Donor Name (Print) _____ <input checked="" type="checkbox"/> Donor Signature _____ Date: X _____									
4 Observer Certification: Observer Name (Print) _____ Observer Signature _____ Date: _____									
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.									

Please select one drug from the list that corresponds with the positive on your instant test. If the donor requires testing outside of the instant panel, please administer a regular lab test with a Quantisal device.

White Copy - Lab

Yellow Copy - Client

Completed by donor	Completed by collector
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