



HOW TO COMPLETE

NON-CLINICAL TEST REQUISITION FORM

OVERVIEW

The following overview provides information on how to complete your Non-Clinical Test Requisition Form for urine and oral fluid tests. An asterisk on the form indicates a required field or data set. If the form is not filled out properly or completely, the requested test may not be processed and will result in delays.

For best results, use a ball point pen and press firmly when filling out the form. Use blue or black ink only, do not use red ink. Write legibly to prevent data entry errors.

SECTION 1: PROVIDE DONOR INFORMATION

Provide the donor's information, including the first and last name. Alternatively, a Donor ID may be provided instead of a first or last name. The donor's middle initial may be provided. The donor's gender and date of birth are required.

1 PROVIDE DONOR INFORMATION										* Indicates a Required Field or Action									
Donor First Name* —Donor First and Last Name required if Donor ID not provided. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>										Donor Last Name* —Donor First and Last Name required if Donor ID not provided. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>									
Donor ID* —Donor ID required if First and Last Name not provided. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>										M.I. <input type="text"/> Gender* <input type="text"/> <input type="text"/> Date of Birth* <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <small>Male Female Month Day Year</small>									

SECTION 2: AFFIX SECURITY SEAL AND LABEL ON SPECIMEN

The security seal is provided on the form. Ensure the collection device or container is tightly sealed per collection instructions. The security seal should be removed from the form and placed over the top of the collection device or container. Once secured, the donor should be instructed to initial the seal. The specimen ID label must be placed around the collection device or container. Include the Donor ID and/or first and last name.

2 AFFIX SECURITY SEAL AND LABEL ON SPECIMEN*		Ensure collection device or container is tightly sealed per device instructions.	
1. Affix security seal across the lid as shown.* 		2. Instruct the donor to initial the seal. 	
3. Place specimen ID label around device as shown. Do not cover scan codes from security seal. 		Examples: 	

SECTION 3: OBTAIN DONOR SIGNATURE

Obtain the donor's signature and signature date. Instruct the donor to use a ball point pen and press firmly when signing. This is a required field.

3 OBTAIN DONOR SIGNATURE - REQUIRED

I certify that I provided my specimen to the collector and that I have not adulterated it in any manner. The specimen was sealed in my presence with a tamper evident seal and the information provided on this form is correct. I authorize Redwood Toxicology Laboratory to perform the tests listed and to release the results of this test to the agency or provider identified on this form or its designated agents.

Donor signature*

Date*

SECTION 4: ENTER COLLECTION INFORMATION AND PROVIDE COLLECTOR SIGNATURE

Enter the collector's information, including their name and signature. The collection date is required. Collection time, whether the collection was observed, and specimen temperature may also be tracked in this section of the form. The collector remarks area is to record discrepancy in temperature or other notable information.

4 ENTER COLLECTION INFORMATION AND PROVIDE COLLECTOR SIGNATURE

Collector Name

Collection Date* (MM/DD/YY)

Collection Time

I certify that this specimen was collected following established protocols, and the specimen has been properly sealed and labeled.

Observed collection?

☐ Yes ☐ No

Specimen temperature in range?

☐ Yes, 90°-100°F (32°-38°C) ☐ No, enter remarks in "Collector remarks" below.

Collector signature

Collector remarks:

Test Request Reason

☐ Random

☐ Reasonable cause

☐ Pre-employment

☐ Post-accident

☐ Other: _____

SECTION 5: CHOOSE TEST REQUESTS

Choose the test(s) to be requested. This is required information, and testing will be delayed if this information is not provided on the form. Test codes are pre-printed according to your agency’s instructions. Choose one or more tests to be performed by checking the corresponding box to the left of the test code. If the required test code is not pre-printed, refer to the list of commonly ordered tests on the back of the form to find additional test options. Input the corresponding test code into the section marked “Other Test Requests.” Please note that only the test code should be entered and not the test and/ or drug name. Additional fees may apply.

Important: Verify code(s) selected are appropriate for the specimen type. For example, selecting an OF (oral fluid) code for a urine specimen will cause delays in processing. If a urine test is requested, an oral fluid test may not be requested on the same form.

Contact our Customer Service team for more information on test codes and available test options.

5

CHOOSE TEST REQUESTS*

Check the box next to the panel (or test codes) you would like to order. Testing will not be performed unless one or more requests are chosen. Verify code(s) selected are appropriate for the specimen type. For example, selecting an OF (oral fluid) code for a urine specimen will cause delays in processing.

☐ B35 - Urine 14 panel - ALC, AMP, BUP, BZO, COC, CR, FEN, MTD, OPI, OXY, PCP, PH, SG, THC

☐ 9539 - OF 8 Panel - ALC, AMP, BAR, BZO, COC, MTD, OPI, THC; Screen Only

☐ 5483 - Tianeptine LC-MS/MS Screen with Confirmation, Urine

☐ 9721 - OF 9 Panel - AMP, BAR, BZO, COC, MTD, OPI, PCP, SC, THC; Confirmed

Other Test Requests

Additional fees may apply. See back of form for applicable terms.

OTHER INFORMATION

Information should not be entered into the area marked “Laboratory Use Only.”

The ToxAccess™ website helps reduce dependency on paper-intensive procedures through an electronic process. More information is available by contacting our Customer Service team.

LABORATORY
USE ONLY

Receiver's initials

Date

Seal Intact?

☐ YES☐ NO

Specimen released to:

Temporary Storage

Testing conducted by Redwood Toxicology Laboratory, Inc., a wholly owned subsidiary of Abbott.
3650 Westwind Blvd. Santa Rosa, CA 95403 | Phone: 800-225-2159 | Fax: 707-577-0365

Laboratory Copy

—Include with specimen when shipping.

IF YOU HAVE ANY QUESTIONS, PLEASE CONTACT
CUSTOMER SERVICE AT (800) 255-2159, OPTION 4
OR SALESDESK@REDWOODTOXICOLOGY.COM

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