

Walgreens
Urine
Collection
Procedure
Manual

January 2011

Urine Specimen Collection Guidelines mandated by
United States Department of Transportation
and 49 CFR Part 40



A Quest Diagnostics Subsidiary

Employer Solutions – The Science of Employee Screening™

INTRODUCTION

Walgreens offers their employees of all backgrounds a place to build careers. They provide the most convenient access to healthcare services and consumer goods in America. Walgreen's mission is to treat each other with respect and dignity and do the same for all they serve.

The procedures for collection of urine are very specific and must be followed whenever an urine specimen collection is performed. The collector has a major role in the success of the Walgreens Drug Testing Program. The collector is the one individual in the testing process with whom all employees have direct, face-to-face contact. Without the collector assuring the integrity of the specimen and the collection process, the test itself may lose validity. Without the collector's sensitivity to an employee's privacy, the entire testing program may be subject to criticism. It is imperative that collectors fully understand and follow Walgreens Drug Testing Procedures.

These are scheduled random non-DOT urine collections. Remember, do not contact the store prior to arrival.

Thank you for participating in our Walgreens Drug Collection Procedure Review.

COLLECTOR CREDENTIAL AND DOCUMENTATION

Part 40 defines a collector as a trained person who instructs and assists employees at a collection site, who receives and makes an initial inspection of the urine specimen provided by those employees, and who initiates and completes the Custody and Control Form.

The collector must also have the following documents on file as a part of the competency and training program.

- Completed Contractor Information form
- Non-DOT Urine Collection Certification
- Professional license/certificate verified (if applicable)
- Social security number entered into ExamView
- Identification badge issued
- Incident reporting procedure reviewed
- Original social security card reviewed

Originals of the following documents:

- Signed Disclosure and Confidentiality Form
- Signed Technician Manual acknowledgment

Copies of the following documents:

- Background check – verify subject is found
- Photo identification (may be Motor vehicle operators license)

GUIDELINES

1. Dress code is business casual or medical scrubs that match. All clothing must be neat, clean and pressed. Jeans, shorts, revealing clothing, etc. are NOT permitted. Your appearance should be appropriate for a professional business atmosphere.
2. Collector must have valid ExamOne issued identification.
3. Shoes must be clean and closed-toe. Clogs are okay, but sandals are NOT permitted.
4. Hair, nails, etc. must be neat and clean. Long hair is to be pulled back.
5. Tattoos and body piercing must be consistent with a professional business appearance.
6. No food, gum, beverages, or water are allowed in the event area!
7. Cell phones, PDAs and pagers must be totally silent.
8. Use of tobacco products is not permitted once on the client's premises. No smoking breaks permitted during the event.
9. Collections are only performed on donors 18 years of age and older.
10. If collector will NOT arrive at collection start time, collector must contact Employer Solutions Call Center at (888) 899-6394.
 - For Distribution Centers – If collector will be more than 30 minutes late, collector must contact Employer Solutions Call Center at (888) 899-6394. The collection will need to be rescheduled.

COLLECTION SUPPLIES

The ExamOne office is responsible for ordering supplies. The collector is responsible for bringing the following items to the collection site in order to conduct proper collections:

1. 25 – single urine collection kits.
2. 25 – Generic Walgreens Custody and Control Forms (CCF).
3. Walgreens Random Collection Log.
4. Walgreens Random Documentation Forms.
5. FedEx Shipping Supplies.
 - Small Shipping Boxes (9 inches x 4 inches x 4 inches)
 - Clinical Lab Pack FedEx shipping Bag
 - FedEx Airbill
6. Bluing (coloring) agent to add to the toilet bowl/water tank to prevent an employee from diluting the specimen.
7. Single use disposable gloves are recommended for use by collectors while handling specimens.
8. The collector should have available tamper-evident tape for securing faucets, toilet tank tops, and other appropriate areas, and signs, when necessary, that can be posted to prevent entry into collection areas.

Note - Collections for the state of Iowa will require split kits.

EVENT SET-UP

1. Locate manger on-duty.
2. Show ExamOne issued ID.
3. Request Walgreens Store CCFs. If the store does not have on-site CCFs, use the Generic CCFs.
4. Explain type of collection the collector will be performing. (Full Store or Pharmacy and Management Store)
5. Request private area to conduct collections.

The collector must do the following before each collection to deter potential tampering, adulteration, alteration, or substitution of the specimens:

1. Secure any water sources or otherwise make them unavailable to employees (e.g., turn off water inlet, tape handles to prevent opening faucets);
2. Ensure that the water in the toilet and tank (if applicable) has bluing (coloring) agent in it. Tape or otherwise secure shut any movable toilet tank top, or put bluing in the tank;
3. Ensure that no soap, disinfectants, cleaning agents, or other possible adulterants are present;
4. Inspect the site to ensure that no foreign or unauthorized substances are present;
5. Ensure that undetected access (e.g., through a door not in your view) is not possible;
6. Secure areas and items (e.g., ledges, trash receptacles, paper towel holders, under-sink areas) that appear suitable for concealing contaminants; and
7. Recheck items (1) through (6) following each collection to ensure the site's continued integrity.

TYPE OF COLLECTIONS

Full Store

All employees working in the store at the time of collection need to be tested. This includes all managers, pharmacy personnel, and visiting corporate or district office personnel. Employees that start their shifts during the collections are also subject to testing. A contractor working on site does not need to be tested. Full store collections are never to be completed in the states of California, Minnesota, and Montana.

Pharmacy and Management Store

The collector will only perform collections on pharmacy and management personnel. This includes visiting corporate and district personnel, as well as the Store Team Lead position. Employees that start their shifts during the collection are also subject to testing. The minimum number of employees that need to be tested during on-site random collections is six (6). If the minimum number is not met with the management and pharmacy personnel; perform collections on the following employees in this order until the minimum has been met:

1. Photo Technicians
2. Beauty Advisors
3. Service Clerks

Example: Five management and pharmacy personnel collections have been performed, and there are two photo techs on duty. Perform collections on both photo technicians. The collector now has met the six donor minimum by performing seven collections. The other job categories do not need to be collected since the minimum number of collections has been met.

Pharmacy and Management Only Store (applies to states MN, MT, and CA)

The collector will only perform collections on pharmacy and management personnel. This includes visiting corporate and district personnel, as well as the Store Team Lead position. Employees that start their shifts during the collection are also subject to testing.

Important: Minnesota, Montana, and California are considered Safety Sensitive Testing States. ONLY Pharmacy and Management personnel can be tested.

NOTE: The six donor minimum rule does not apply in these states (MN, MT, and CA)!

Distribution Centers

The collector will only perform collection on the employees listed on the primary/alternative list provided to the collector by ExamOne office.

Iowa Stores

The collector will need to perform split collections.

The collector will only perform collection on the employees listed on the primary/alternative list provided to the collector by ExamOne office.

WALGREENS RANDOM COLLECTION LOG

The Walgreens Collection Log must be completed for each store.

The collector will fill out the Random Collection Log:

1. Record the arrival time, collector and manager-on-duty must initial
2. Record the collection date
3. Record the start time of the collection
4. Record the District and Store Number
5. Indicate the type of store (Pharmacy and Management Store or Full Store)
6. Record the store address, city, state, and zip code
7. Record the collector name and the collector phone number
8. Record the end time of the collection

The collector must indicate if a Store CCF was used or if a Generic CCF was used due to the store being out of forms.

- If Store CCFs are used, input the account number.
- If Generic CCFs are used, the manager on-duty and the collector must initial the random collection log.

The collector will fill out the Random Collection with the donor information:

1. Record the Donor Name
2. Record the Donor's Employee ID Number – do NOT use the Social Security Number
3. Record the CCF Number
4. Indicate the type of CCF used – Store CCF or Generic CCF
5. Record the donor's home phone number

Note: While the Employee ID is preferred, using the Social Security Number is acceptable if the employee does not know their Employee ID.

Upon completion of the event, the manager on-duty must sign the collection log.

WALGREENS RANDOM COLLECTION LOG

COLLECTOR: FILL IN ALL BLANKS COMPLETELY AND FAX LOG WITHIN 24 HOURS OF COLLECTION TO YOUR EXAMONE FIELD OFFICE

Arrival Time: _____
Collectors Initials Manager-On-Duty Initials

Date of Collection: _____ Start Time _____ AM PM End Time _____ AM PM District# _____ Store#: _____

Pharmacy and Management Only Full Store Distribution Center: _____

Store Address: _____ City, State, Zip: _____

Collector Name: _____ Collector Phone: _____

Wait Time: NO YES (if yes explain why) _____

***FORMS USED:** Please note in the table below: "S" = Store forms, "DC" = Distribution Center forms, "G" = Generic forms, or "O" = other location forms (please indicate)

STORE CCFs (acct. # _____) were provided by the Manager-On-Duty **(PREFERRED-USE STORE FORMS IF AVAILABLE)**

GENERIC CCFs (acct. # 80100446) were used; CCFs were not available at this store. _____ / _____

	NAME	SSN #	CCF#	*Forms Used: S, DC, G, or O	HOME PHONE #	NOTES
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						

All employees selected for the random drawing have been tested in accordance with the Walgreens Drug-Free Workplace Policy. Any exceptions have been noted on the testing log along with a detailed explanation provided on the Walgreens Random Documentation Form.

TO BE COMPLETED BY THE WALGREENS MANAGER-ON-DUTY:

Printed Name: _____ Signature: _____ Position: _____ Time: _____ AM PM

WALGREENS CUSTODY AND CONTROL FORM (CCF)

The Custody and Control Form (CCF) for Walgreens is a four page document. Try to use the store –specific CCF.

Page 1 – Original – Must accompany specimen to laboratory

Page 2 – Send directly to Medical Review Officer

Page 3 – Collector Retains

Page 4 – Walgreens Drug Testing – Consent/Release Agreement

All employees must complete the Consent/Release agreement on PAGE 4 of the CCF **before** the collector can start the collection. The Consent/Release agreement must be left with the manager on-duty at the end of the event.

Note – Collections may never be performed on donors under the age of 18.

Completing the CCF

The collector will complete STEP 1:

1. Record the Employee ID Number (do not use Social Security Number)
2. Record the Donor Name (Last Name then First Name)
3. Mark RANDOM as the reason for test
4. Verify the Donor ID using a valid Photo ID
5. Record the Walgreens Store address and phone number in the collection site information portion of the CCF.
6. Record Site Code – QD followed by the ExamOne office number.
 - Example – ExamOne OFC 100 – Site code will be QD100.

Proceed with non-DOT urine drug collection.

Below is the MRO information:

David Nahin, MD
First Advantage
7301 Calhoun PL
Rockville, MD 20855
PH: 800-684-4448 FAX: 301-795-3008

SPECIMEN ID NO.

STEP 1: A-F COMPLETED BY EMPLOYER REPRESENTATIVE AND G-H COMPLETED BY COLLECTOR LAB ACCESSION NO.

A. Employer Name, Address, I.D. No. _____ B. MRO Name, Address, Phone and Fax No. _____

DONOR NOTIFICATION

Date _____

Time _____

C. Donor SSN or Employee I.D. No. _____

D. Donor Name: Last: _____ First: _____

E. Reason for Test: Pre-Employment (1) Random (3) Reasonable Suspicion/Cause (5)
 Post Injury/Accident (must also have Breath Alcohol) (2) Return From Leave/Recertification (6) Compliance Monitoring (99)

Reasonable suspicion testing requires prior MRO contact: _____ / ____ / ____ AM
 PM

F. Drug Tests to be Performed: _____ MRO Contact _____ Date & Time Contacted _____

G. Donor ID Verified Photo ID Employer Representative _____ Signature of Employer Representative _____

H. Collection Site Name: _____ Collection Site Code: _____

Address: _____ Collector Phone No.: _____

City, State and Zip: _____ Collector Fax No.: _____

STEP 2: COMPLETED BY COLLECTOR

Read specimen temperature within 4 minutes. Is temperature between 90° and 100° F? Yes No, Enter Remark _____

Specimen Collection: Split Single None Provided (Enter Remark) _____ Observed (Enter Remark) _____

REMARKS _____

STEP 3: Collector affixes bottle seal(s) to bottle(s). Collector dates seal(s). Donor initials seal(s). Donor completes STEP 5.

STEP 4: CHAIN OF CUSTODY - INITIATED BY COLLECTOR AND COMPLETED BY LABORATORY

I certify that the specimen given to me by the donor identified in the certification section on Copy 2 of this form was collected, labeled, sealed, and released to the Delivery Service noted in accordance with applicable requirements.

Signature of Collector _____ Time of Collection _____ AM/PM
 (Print) Collector's Name (First, MI, Last) _____ Date (Mo./Day/Yr.) _____

SPECIMEN BOTTLE(S) RELEASED TO:
 Quest Diagnostics Courier FedEx
 DHL / Airborne Other _____
 Name of Delivery Service Transferring Specimen to Lab _____

RECEIVED AT LAB: Signature of Accessioner _____ Primary Specimen Bottle Seal Intact
 (Print) Accessioner's Name (First, MI, Last) _____ Date (Mo./Day/Yr.) _____ Yes
 No, Enter Remark Below **SPECIMEN BOTTLE(S) RELEASED TO:** _____

STEP 5: COMPLETED BY DONOR

I certify that I provided my urine specimen to the collector; that I have not adulterated it in any manner; each specimen bottle used was sealed with a tamper-evident seal in my presence; and that the information and numbers provided on this form and on the label affixed to each specimen bottle is correct.

Signature of Donor _____ (PRINT) Donor's Name (First, MI, Last) _____ Date (Mo./Day/Yr.) _____

Daytime Phone No. () _____ Evening Phone No. () _____ Date of Birth _____
 Mo. Day Yr.

TRACING LABEL

CENTER OVER CAP

Date (Mo. Day Yr.) _____

Donor's Initial's _____

A

CENTER OVER CAP

Date (Mo. Day Yr.) _____

Donor's Initial's _____

B

SPECIMEN ID NUMBER _____

SPECIMEN ID NUMBER _____

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SPECIMEN ID NO.

STEP 1: A-F COMPLETED BY EMPLOYER REPRESENTATIVE AND G-H COMPLETED BY COLLECTOR LAB ACCESSION NO.

A. Employer Name, Address, I.D. No.

B. MRO Name, Address, Phone and Fax No.

DONOR NOTIFICATION

Date

Time

C. Donor SSN or Employee I.D. No.

D. Donor Name:

Last:

First:

E. Reason for Test:

Pre-Employment (1)

Random (3)

Reasonable Suspicion/Cause (5)

Post Injury/Accident (must also have Breath Alcohol) (2)

Return From Leave/Recertification (6)

Compliance Monitoring (99)

Reasonable suspicion testing requires prior MRO contact:

MRO Contact

Date & Time Contacted

AM
PM

F. Drug Tests to be Performed:

G. Donor ID Verified

Photo ID

Employer Representative

Signature of Employer Representative

H. Collection Site Name:

Collection Site Code:

Address:

Collector Phone No.:

City, State and Zip:

Collector Fax No.:

STEP 2: COMPLETED BY COLLECTOR

Read specimen temperature within 4 minutes. Is temperature between 90° and 100° F? Yes No, Enter Remark

Specimen Collection:

Split

Single

None Provided (Enter Remark)

Observed (Enter Remark)

REMARKS

STEP 3: Collector affixes bottle seal(s) to bottle(s). Collector dates seal(s). Donor initials seal(s). Donor completes STEP 5.

STEP 4: CHAIN OF CUSTODY - INITIATED BY COLLECTOR AND COMPLETED BY LABORATORY

I certify that the specimen given to me by the donor identified in the certification section on Copy 2 of this form was collected, labeled, sealed, and released to the Delivery Service noted in accordance with applicable requirements.

X

Signature of Collector

Time of Collection

AM
PM

(Print) Collector's Name (First, MI, Last)

Date (Mo./Day/Yr.)

SPECIMEN BOTTLE(S) RELEASED TO:

Quest Diagnostics Courier

FedEx

DHL / Airborne

Other

Name of Delivery Service Transferring Specimen to Lab

RECEIVED AT LAB:

X

Signature of Accessioner

Primary Specimen Bottle Seal Intact

Yes

No, Enter Remark Below

SPECIMEN BOTTLE(S) RELEASED TO:

(Print) Accessioner's Name (First, MI, Last)

Date (Mo./Day/Yr.)

STEP 5: COMPLETED BY DONOR

I certify that I provided my urine specimen to the collector; that I have not adulterated it in any manner; each specimen bottle used was sealed with a tamper-evident seal in my presence; and that the information and numbers provided on this form and on the label affixed to each specimen bottle is correct.

X

Signature of Donor

(PRINT) Donor's Name (First, MI, Last)

Date (Mo./Day/Yr.)

Daytime Phone No. ()

Evening Phone No. ()

Date of Birth

Mo. Day Yr.

STEP 6: COMPLETED BY MEDICAL REVIEW OFFICER - PRIMARY SPECIMEN

In accordance with applicable requirements, my determination/verification is:

NEGATIVE

POSITIVE

TEST CANCELLED

REFUSAL TO TEST BECAUSE:

DILUTE

ADULTERATED

SUBSTITUTED

REMARKS

X

Signature of Medical Review Officer

(PRINT) Medical Review Officer's Name (First, MI, Last)

Date (Mo./Day/Yr.)

STEP 7: COMPLETED BY MEDICAL REVIEW OFFICER - SECONDARY SPECIMEN

In accordance with applicable requirements, my determination/verification for the split specimen (if tested) is:

RECONFIRMED

FAILED TO RECONFIRM - REASON

X

Signature of Medical Review Officer

(PRINT) Medical Review Officer's Name (First, MI, Last)

Date (Mo./Day/Yr.)

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SPECIMEN ID NO.

STEP 1: A-F COMPLETED BY EMPLOYER REPRESENTATIVE AND G-H COMPLETED BY COLLECTOR LAB ACCESSION NO.

A. Employer Name, Address, I.D. No.		B. MRO Name, Address, Phone and Fax No.		DONOR NOTIFICATION Date Time	
C. Donor SSN or Employee I.D. No.		D. Donor Name: Last: First:			
E. Reason for Test: <input type="checkbox"/> Pre-Employment (1) <input type="checkbox"/> Random (3) <input type="checkbox"/> Reasonable Suspicion/Cause (5) <input type="checkbox"/> Post Injury/Accident (must also have Breath Alcohol) (2) <input type="checkbox"/> Return From Leave/Recertification (6) <input type="checkbox"/> Compliance Monitoring (99)		Reasonable suspicion testing requires prior MRO contact: _____ / /		AM PM	
F. Drug Tests to be Performed:		MRO Contact		Date & Time Contacted	
G. Donor ID Verified <input type="checkbox"/> Photo ID <input type="checkbox"/> Employer Representative <input type="checkbox"/>		Signature of Employer Representative			
H. Collection Site Name: Address: City, State and Zip:		Collection Site Code:		Collector Phone No.: Collector Fax No.:	

STEP 2: COMPLETED BY COLLECTOR

Read specimen temperature within 4 minutes. Is temperature between 90° and 100° F? Yes No, Enter Remark

Specimen Collection: Split Single None Provided (Enter Remark) Observed (Enter Remark)

REMARKS

STEP 3: Collector affixes bottle seal(s) to bottle(s). Collector dates seal(s). Donor completes STEP 5.

STEP 4: CHAIN OF CUSTODY - INITIATED BY COLLECTOR AND COMPLETED BY LABORATORY

I certify that the specimen given to me by the donor identified in the certification section on Copy 2 of this form was collected, labeled, sealed, and released to the Delivery Service noted in accordance with applicable requirements.

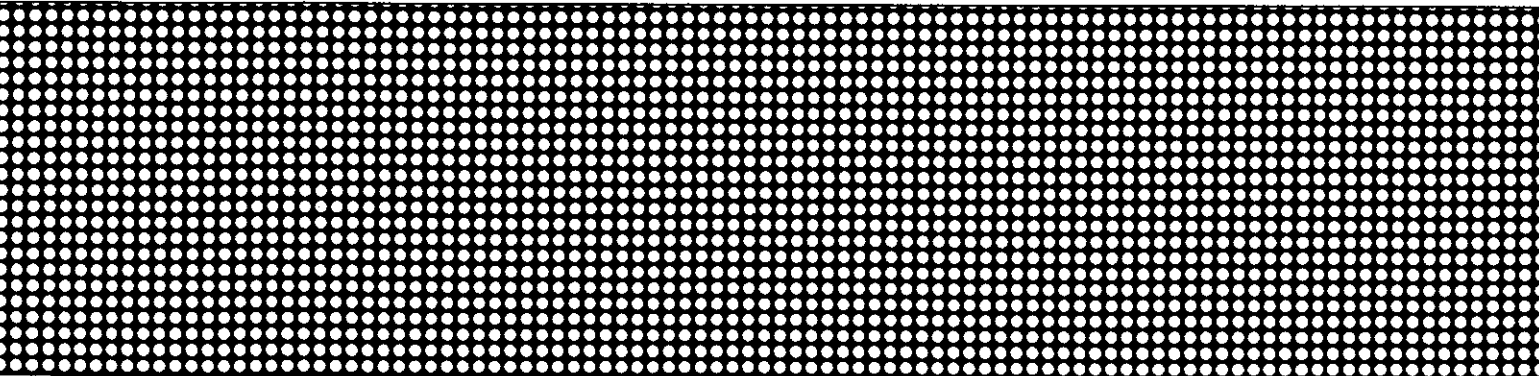
<input checked="" type="checkbox"/> Signature of Collector (Print) Collector's Name (First, MI, Last)	Time of Collection / / Date (Mo./Day/Yr.)	SPECIMEN BOTTLE(S) RELEASED TO: <input type="checkbox"/> Quest Diagnostics Courier <input type="checkbox"/> FedEx <input type="checkbox"/> DHL / Airborne <input type="checkbox"/> Other Name of Delivery Service Transferring Specimen to Lab	
		RECEIVED AT LAB: <input checked="" type="checkbox"/>	Primary Specimen Bottle Seal Intact <input type="checkbox"/> Yes <input type="checkbox"/> No, Enter Remark Below
Signature of Accessioner (Print) Accessioner's Name (First, MI, Last)	Date (Mo./Day/Yr.)		

STEP 5: COMPLETED BY DONOR

I certify that I provided my urine specimen to the collector; that I have not adulterated it in any manner; each specimen bottle used was sealed with a tamper-evident seal in my presence; and that the information and numbers provided on this form and on the label affixed to each specimen bottle is correct.

Signature of Donor
 (PRINT) Donor's Name (First, MI, Last)
 Date (Mo./Day/Yr.)

Daytime Phone No. ()
 Evening Phone No. ()
 Date of Birth Mo. / Day / Yr.



**Walgreens
Drug Testing
Consent/Release Agreement**

I, _____, have read the Walgreens' Drug-Free Workplace policy and hereby give my consent to have a specimen collected for controlled substance testing. This specimen will usually be urine, but also, on occasion, may be breath, blood, and/or saliva.

I acknowledge that such testing is being done for the following reasons:

_____ as a precondition to initial employment with Walgreens; I understand that a positive result on a pre-employment urine analysis test will disqualify me from employment;

Note: For pre-employment tests, I understand that failure to report to the test site no later than forty-eight hours after receipt of this notice will be constituted by Walgreens as a positive test result.

_____ as a condition for my continued employment with Walgreens; I understand that an unexplained positive result on a "post injury" or "reasonable suspicion" urine analysis and/or breath, saliva, or blood alcohol test will result in termination of my employment with Walgreens, unless I meet eligibility requirements for a "last chance" agreement and follow the required compliance monitoring process.

_____ as a condition for my continued employment with Walgreens; I understand that an unexplained positive result on a "random" or "return from leave" urine analysis and/or breath, saliva, or blood alcohol test will result in termination of my employment with Walgreens, unless I meet eligibility requirements for a "last chance" agreement and follow the required compliance monitoring process.

I hereby authorize Quest Diagnostics Incorporated at any of its outpatient centers, its medical personnel and/or agents, to obtain a specimen of my urine and/or breath for the purposes set forth above.

I give my permission to the collection site to release the results of my breath analysis to Walgreens and to Quest Diagnostics at any of its outpatient centers to release the results of my urine analysis, saliva, or breath/blood alcohol test to First Advantage Corporation who will review and report results to Walgreens. If I am an employee, I give permission to First Advantage Corporation to release any positive test results to SAP Services, Inc., who will manage my assessment and compliance monitoring.

I, hereby, release Walgreens, Quest Diagnostics and First Advantage Corporation from any and all liability arising out of the administration of said tests and the communication of the results. I understand that test results may be used to dispute unemployment compensation claims and in other legal proceedings initiated against Walgreens involving such results.

If I am an applicant, I understand that if I decline to provide a urine sample, or otherwise fail to cooperate in the testing procedure, my application for employment will be considered to have been voluntarily withdrawn. If I am a current employee, my failure to cooperate may result in the termination of my employment.

I understand that this Consent and Agreement is in addition to, and not in lieu of, any other authorization or consent which I may be required to execute prior to submitting to urine, saliva, blood, or breath testing.

I have read and fully understand the above.

Signature of Employee/Applicant

Date Signed

Name(Printed)

Note: If you are under age 18 you must have your parent or legal guardian sign the Parental Consent Form below.

PARENTAL/LEGAL GUARDIAN CONSENT

I hereby acknowledge that I am the parent, legal guardian, or have legal custody of (name) _____, who is applying or is employed with Walgreens, and give my authorization for the above minor to consent to a preemployment drug or alcohol screening test. Should my child or dependent be hired, I also give my authorization for the above minor to consent to any form of ongoing drug or alcohol screening required post employment. I authorize the release of test results to authorized Walgreens representatives, its workers compensation administrators, and First Advantage Corporation, the company's Medical Review Officer who may need to talk with my child/dependent about a drug/alcohol test result. I understand that test results may be used to dispute unemployment compensation claims and in other legal proceedings initiated against Walgreens involving such results.

Signature of Parent/Guardian

Date Signed

Parent/Guardian's Name (Printed)

COLLECTION PROCEDURES

1. The collector prepares the collection site to collect urine specimens. All collection supplies must be available, the area properly secured, water sources secured, and bluing (coloring) agent placed in all toilets.
2. The collector begins the collection without delay after the employee arrives at the collection site. Do not wait because the employee is not ready or states he or she is unable to urinate.
3. The collector requests the employee to present an acceptable form of identification. If the employee cannot produce positive identification, the collector must contact the manager on-duty to verify the identity of the employee.
4. The collector explains the basic collection procedures to the employee and requests the employee to sign page four of the CCF (Consent/Release Agreement).
5. The collector ensures that the required information is provided at the top of the CCF (the laboratory name and address and a pre-printed specimen ID number which matches the ID number on the specimen bottle seals). The collector begins entering the required information in Step 1 of the CCF: employer's name, address, telephone; MRO name, address, telephone and fax number (pre-printed); employee ID number (do not use Social Security Number); donor name: reason for test; and collection site information.
6. The collector asks the employee to remove any unnecessary outer clothing (e.g., coat, jacket, hat, etc.) and to leave any briefcase, purse, or other personal belongings he or she is carrying with the outer clothing. The employee may retain his or her wallet. If the employee asks for a receipt for any belongings left with the collector, the collector must provide one.
7. The collector directs the employee to empty his or her pockets and display the items to ensure that no items are present that could be used to adulterate the specimen. If nothing is there that can be used to adulterate a specimen, the employee places the items back into the pockets and the collection procedure continues. If the employee refuses to empty his or her pockets, this is considered a refusal to cooperate in the testing process.
8. The collector instructs the employee to wash and dry his or her hands, under the collector's observation, and informs the employee not to wash his or her hands again until after the employee provides the specimen to the collector. The employee must not be allowed any further access to water or other materials that could be used to put into the specimen. **If the employee refuses to wash his or her hands – after being directed to do so – this is a refusal to test.**
9. The collector allows the employee to select the collection kit from the available supply. While in front of the employee, the collector breaks the seal of the collection kit.
10. The collector directs the employee to go into the restroom, provide a specimen of at least 30 mL, not to flush the toilet, and return with the specimen as soon as possible after completing the void.
11. After the employee gives the specimen to the collector, the collector must check the temperature of the specimen, check the specimen volume, and inspect the specimen for

adulteration or substitution. The collector should check the temperature of the specimen as soon as the employee hands over the specimen, but no later than four minutes after the employee comes out of the restroom. The acceptable temperature range is 32°-38°C/ 90°-100°F. Temperature is determined by reading the temperature strip originally affixed to or placed on the outside of the collection container. If the temperature is within the acceptable range, the "Yes" box is marked in Step 2 on the CCF and the collector proceeds with the collection procedure. (If the temperature is out of range, the collector marks the "No" box in Step 2 and initiates an immediate recollection – This is NOT observed) The collector then checks to make sure that the specimen contains a sufficient amount of urine (a minimum of 30 mL). If the volume is sufficient, the collector checks the box on the CCF (Step 2) indicating that this was a single specimen collection. The collector must inspect the specimen for unusual color, presence of foreign objects or material, or other signs of tampering or adulteration. If it is apparent from this inspection that the employee has adulterated or substituted the specimen (e.g., the specimen is blue, exhibits excessive foaming when shaken, has smell of bleach), an immediate recollection must be conducted.

12. After the employee hands the collection container to the collector, the collector opens the specimen bottles.

Note: Both the collector and employee will maintain visual contact of the specimen to the greatest extent possible until the labels/seals are placed over the specimen bottle caps/lids.

13. The collector, not the employee, then pours at least 30 mL of urine from the collection container into a specimen bottle and places the lid on the bottle.

14. The collector, not the employee, must then remove the tamper-evident seal from the CCF and place it on the bottle, ensuring that the seal labeled as "A" is placed on the bottle with at least 30 mL of urine. The seal must be centered over the lid and down the sides of the bottle to ensure that the lid cannot be removed without destroying the seal. The collector, not the employee, writes the date on the seal. The employee is then requested to initial the seal. The employee must be present to observe the sealing of the specimen bottle. If the employee fails or refuses to initial the seal, the collector must note this in the "Remarks" line of the CCF and complete the collection process; this is not considered a refusal to test.

15. The collector directs the employee to read, sign, and date the certification statement, and provide date of birth, printed name, and day and evening contact telephone numbers in Step 5 of Copy 1 of the CCF.

16. The collector completes the collector's portion of the chain of custody on the CCF (Copy 1, Step 4) by printing his or her name, recording the date and time of the collection, signing where indicated, and entering the specific name of the delivery or courier service transferring the specimens to the laboratory.

17. The collector then ensures that all copies of the CCF are legible and complete.

18. The collector places the specimen bottle and Copy 1 of the CCF inside the appropriate pouches of the leak-resistant plastic bag, and seals both pouches.

19. Any urine specimen left over in the collection container should be discarded at this time.

The collection process is now complete.

RANDOM DOCUMENTATION FORM

The Walgreens Random Documentation Form will be completed anytime there is a shy bladder, refusal, or other odd scenarios.

Refusals

If the store manager refuses collections on behalf of the entire store, the collector must call First Advantage immediately at 866-732-4450.

If an individual employee refuses, the collector will notify the store manager. Document the refusal in the remarks section of the CCF and complete the Walgreens Random Documentation Form. The collector will also document the refusal in the notes section of the Walgreens Collection Log.

Temperature Out of Range

If the specimen temperature is out of range, the collector will proceed with an immediate re-collection. The out of range specimen should be discarded. The re-collection is NOT observed. Document the temperature out of range in the remarks section of the CCF and complete the Walgreens Random Documentation Form. The collector will also document the temperature out of range in the notes section of the Walgreens Collection Log.

Shy Bladder

If the employee does not provide at least 30 mL of urine:

- Discard the specimen and note the time on the Walgreens Random Documentation Form
- Direct the employee to drink up to 40 ounces of fluid distributed reasonably through a period of up to three hours from the time of the first attempt or until the employee has provided sufficient specimen
- Notify the employee if they cannot provide a sufficient volume of urine, then this will be considered a refusal to submit for testing.

NOTE: The collector must remain on location during this time. The employee may return to work duties, but must remain onsite.

If the employee is able to provide a sufficient quantity of specimen, the collector will proceed with the collection. The collector will document the shy bladder in the remarks section of the CCF and complete the Walgreens Random Documentation Form. The collector will also document the shy bladder in the notes section of the Walgreens Collection Log.

If the employee is unable to provide a specimen after three hours, the collector will document the shy bladder in the remarks section of the CCF and complete the Walgreens Random Documentation Form. The collector will also document the shy bladder in the notes section of the Walgreens Collection Log. The collector must fax the CCF to First Advantage at 301-795-3008 – attention FADV MRO; and call 800-273-5344 to discuss the situation with an FADV MRO. If the employee refuses to make further attempts to provide a specimen, notify the manager-on-duty that the employee has refused to submit to testing. Although up to 40 ounces of fluid must be offered to the employee, it is NOT considered a refusal if the employee declines to drink.

SPECIMEN SHIPPING PROCEDURES

The collector should have the following shipping supplies:

- Small Shipping Boxes (9 inches x 4 inches x 4 inches)
- Clinical Lab Pack FedEx shipping Bag
- FedEx Airbill

After the collections have been performed, the collector must package the specimen as follows:

1. Place the Custody and Control Form and the collection vial into the specimen bag and seal the bag.
2. Put the sealed specimen bag inside one cardboard shipping box. The cardboard box can hold up to six single sealed specimen bags.
3. Place the cardboard box into the FedEx Lab Pack.
4. The collector will write their contact information on the white side of the FedEx airbill in the "From" section and affix the airbill to the FedEx Lab Pack. The purple portion of the FedEx airbill should be retained by the collector for their records.
5. The collector is responsible for dropping the package off at a FedEx location or scheduling a FedEx pick up.

Specimens must be shipped overnight to:

Toxicology Lab
Quest Diagnostics
10101 Renner Blvd.
Lenexa, KS 66700

FedEx[®] Instructions

Urine

PLEASE POST

PACKAGING A SPECIMEN FOR SHIPMENT

After the collection has been performed, please package the specimen as follows:

1. Place the Chain of Custody form and the collection vial(s) into the specimen bag and seal the bag.
2. Put the sealed specimen bag inside one cardboard shipping box. You may place as many as six single-sealed specimen bags or three split-sealed specimen bags (complete with collection vial(s) and the Chain of Custody form) in the cardboard box. If specimens are not in a cardboard shipping box, drivers can refuse to pickup.
3. Place cardboard box into a FedEx Lab Pack.
4. Write your contact information on the white side of the FedEx airbill in the ‘From’ section and affix the airbill to the FedEx Lab Pack. The purple portion of the FedEx airbill is the receipt for your records.
5. If you do not have a daily FedEx pick up, call FedEx per the instructions below.

SCHEDULING A SPECIMEN PICKUP

To Establish Daily Pickup:

For pickup call 1.800.GoFedEx (1.800.463.3339). If you have daily shipment volume and want a daily pickup, you will need to establish a FedEx account. The shipment of specimens to Quest Diagnostics will not be charged to your account, but an account number is required for a daily or regularly scheduled pickup.

To Schedule a Will Call Pickup:

Your site does not need a FedEx account to request a ‘will call’ pickup. Simply call 1.800.GoFedEx (1.800.463.3339), and select the “schedule a pickup” option and follow the instructions.



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POST-EVENT PAPERWORK

The store manager must sign the completed Walgreens Random Collection Log and return the Walgreens Random Collection Log to the collector. The collector will retain the Walgreens Random Collection Log for *their* records. The store manager retains PAGE 4 of the CCF – Consent/Release Agreement.

The collector must fax the completed Walgreens Collection Log, all Custody and Control Forms, and Walgreens Random Documentation Log (if used) to their office immediately after conclusion of the event. The office must upload all documents into ExamView within 24 hours of the collection.

The Custody and Control Form (CCF) for Walgreens is a four page document.

Page 1 – Original – Must accompany specimen to laboratory

Page 2 – Send directly to Medical Review Officer

Page 3 – Collector Retains

Page 4 – Walgreens Drug Testing – Consent/Release Agreement (Manager On-Duty retains)

WALGREENS ON-SITE COLLECTION PROTOCOL

- **SCHEDULING** – Holidays are the busiest retail time; please avoid testing on dates provided by FADV and ExamOne around the following days: Valentine’s Day; Easter; Memorial Day; Independence Day; Labor Day; Halloween, Thanksgiving, Christmas, and New Year’s Day.
 - **QUESTIONS DURING COLLECTION** - Contact 888-899-6394 or your ExamOne field office as a back-up.
 - **ALWAYS USE THE STORE’S CUSTODY AND CONTROL FORMS (CCFs) WHEN AVAILABLE.** Forms with the specimen seals on the side OR bottom are acceptable. Generic forms should only be used if store forms are not available. If generic forms are used, the store manager and collector must initial the collector log prior to using the generic forms. Always have a supply of generic forms with you. Order supplies directly from Quest using account number 80100446. Allow 5 to 7 business days for delivery. You can order by email at es.orders@questdiagnostics.com, or by fax at 267-200-0329.
 - **DO NOT CONTACT THE STORE PRIOR TO THE COLLECTION.** First Advantage (FADV) notifies the district manager and corporate office via email the evening of or prior to a collection. The store manager is not notified in advance. When you arrive, ask for the manager on duty, who will assist you.
 - **A “FULL STORE” RANDOM MEANS THAT ALL EMPLOYEES WORKING IN THE STORE AT THE TIME OF COLLECTION NEEDS TO BE TESTED,** including managers, pharmacy personnel, and visiting corporate or district office personnel. Employees that start their shifts during the collection are also subject to testing. A contractor working on site does not need to be tested. Full store collections are NEVER to be completed in the states of California, Minnesota and Montana. Only Pharmacy, Store Management, and District Pharmacy Supervisors can be tested in these states.
 - **A “PHARMACY & MANAGEMENT ONLY” RANDOM MEANS THAT YOU ONLY TEST PHARMACY AND MANAGEMENT PERSONNEL, INCLUDING THE STORE TEAM LEAD POSITION.** This also includes visiting corporate and district personnel. Employees that start their shifts during the collection are also subject to testing.
 - ❖ **Except in the States of MN, MT, and CA** the minimum number of employees that need to be tested during on-site randoms is six (6). If the minimum number is not met with the management & pharmacy personnel, please test the following employees IN THIS ORDER until the minimum is met:
 1. Photo Techs
 2. Beauty Advisors
 3. Service Clerks
- EXAMPLE: 5 management & pharmacy personnel collections have been performed, and there are 2 photo techs on duty. Collect from both photo techs. The other job categories do not need to be collected
- MN, MT and CA: Are considered Safety Sensitive Testing States. ONLY Pharmacy, Store Management, and District Pharmacy Supervisors can be tested. No other district or corporate personnel should be tested. The (6) person minimum does not apply in these states.**
- **ALL EMPLOYEES MUST FILL OUT THE CONSENT RELEASE AGREEMENT BEFORE THE COLLECTION.** This form is the fourth page of Walgreens four-part CCF. The consent release is to be retained at the store. The top CCF copy should be sent to the lab with the specimen, the second copy is for the MRO, the third is for your records.
 - **BE SURE TO CHECK “RANDOM” AS THE REASON FOR TEST** on the first page of the CCF (Step 1). When filling out the collection site information portion of the CCF, use the Walgreens store address and your phone number. Your ExamOne Mobil QD site code must be written in the Collection Site Code Box to ensure proper billing and payment.
 - **IF A STORE MANAGER REFUSES A COLLECTION ON BEHALF OF THE ENTIRE STORE, CALL FADV AT 866-732-4450 FROM THE WALGREENS LOCATION FOR INSTRUCTIONS.**
 - **IF AN INDIVIDUAL EMPLOYEE REFUSES TO PROVIDE A SAMPLE, IMMEDIATELY NOTIFY THE MANAGER-ON-DUTY AND MAKE APPROPRIATE DOCUMENTATION ON THE CCF AND LOG.**
 - **IF AN INDIVIDUAL EMPLOYEE PROVIDES A SPECIMEN WITH A “TEMPATURE OUT OF RANGE”, IMMEDIATELY DO A RECOLLECTION. THE RECOLLECTION SHOULD NOT BE OBSERVED.**
 - **IF YOU HAVE A CASE OF SHY BLADDER, FOLLOW THE WALGREENS SHY BLADDER PROCEDURE:** If the individual has not provided the required quantity of urine, discard the specimen and note the time. Direct the individual to drink up to 40 ounces of fluid, distributed reasonably through a period of up to three hours from the time of the first attempt, or until the individual has provided a new specimen, whichever occurs first. Walgreen’s employees are permitted to return to their workstations during this three hour period if necessary. Collector MUST remain on location during this time. If at the end of three hours, the employee is still unable to provide a specimen, document this on the CCF, and fax to FADV at 301.795.3008, attention FADV MRO and call 800.273.5344 to discuss the situation with an FADV MRO. If the employee refuses to make further attempts to provide a specimen, notify the manager-on-duty that the employee has refused to submit to testing. Although up to 40 ounces of fluid must be offered to the employee, it is NOT considered a refusal if the employee declines to drink. Make appropriate comments on the CCF and fax to your ExamOne field office for upload into ExamView and to FADV MRO at 301.795.3008. Also fax any notes provided on the Walgreens Random Collection Documentation Form.
 - **BE SURE TO MAINTAIN THE DONOR’S PRIVACY.** Secure the bathroom prior to the first collection to limit the possibility of tampering. **It is not permissible to remain in the restroom while the donor is providing a sample.** Once the donor has provided a specimen, the collector may enter the restroom.
 - **WALGREENS RANDOM COLLECTION LOG:** The manager-on-duty MUST sign the completed form. YOU ARE RESPONSIBLE FOR MAKING SURE THE LOG AND ALL OTHER PAPERWORK IS COMPLETELY FILLED OUT AND FAXED TO YOUR EXAMONE FIELD OFFICE FOR UPLOAD INTO EXAMVIEW WITHIN 24 HOURS OF THE COLLECTION. Always use a new log for each store if multiple stores are completed in one day.