

How to Complete an Oral Fluid (Saliva Drug) Collection in FormFox



How to begin an Oral Fluid Collection

A lab-based oral fluid collection can be pre-ordered (**Authorization Form** icon) or started from scratch.

Use **Lab Based Drug Test** icon or **Patient Check-In** icon.

This workflow will require a laboratory account number set up for an oral test.

Home

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What did the patient bring in?


Authorization Form or Mobile Device


5 Part Paper Chain

What do you want to do?


Lab Based Drug Test (Account Number)


Breath Alcohol Test


New Occupational Health Services

Shortcuts


Use Your Account Book


Use Your Favorites List


Patient Check-In

Select “Oral Test” if prompted

If you begin an oral test from scratch, please make sure you have “Oral Test” selected if prompted on the screen.

LOCATE DONOR TEST



Please Scan or Enter

LABORATORY ACCOUNT NUMBER

CRL.FFOX.NONTEST

Donor ID

SSN ▼ 999999999

Donor First Name

Fred

Donor Middle Initial

Donor Last Name

Fox

Date Of Birth

01/05/1992



Lookup Account

PROCEDURE

☒ Non-Regulated Drug Test

☒ Oral Test

☐ Regulated (DOT) Drug Test

☐ POCT Test

Create New Test

Search

A scheduled test was not found using the search criteria you entered.
Start a new test by clicking 'Create New Test'.

Step 1

Complete donor information from top to bottom, ensuring that all required fields are filled out.

Collection Step 1: Donor Information

Employer
CRL LAB ACCT# _____
TEST193

MRO
MRO NAME: _____
ADDRESS: _____
CTY/ST: _____, ZIP- _____
Phone#: Fax#:

Fields marked with an asterisk * are required fields.

* Donor	SSN 999999999	* Date of Birth: (MM/DD/YYYY)	01/05/1992 	Date Arrived: (Military time HH:MM)	03/12/2025  10:50
* Donor First Name	Fred	Donor Middle Initial		* Donor Last Name	Fox
* Donor Evening Phone No.	 (10 digits or 'np' only)	* Donor Daytime Phone No.	 (10 digits or 'np' only)		

Device and Test Information

Scan QR code 

OR

Enter Lot Number

Expiration Date (YYYY/MM) /

Test Device

Test Panel

* Donor Verified by: ☐ Photo ID ☐ Employer Representative ☐ Other

* Reason For Test:

Confirm all information and click 'Next'.

Delete Test

Next

Step 1

Under **Device and Test Information**, enter the **Lot Number** and **Expiration Date** from the device. You can also scan the device QR code.

Select the **Test Panel** from the drop-down menu.

Collection Step 1: Donor Information

Employer
CRL LAB ACCT#
TEST193

MRO
MRO NAME:
ADDRESS:
CTY/ST: , ZIP-
Phone#: Fax#:

Fields marked with an asterisk * are required fields.

* Donor	SSN ▼	999999999	* Date of Birth: (MM/DD/YYYY)	01/05/1992		Date Arrived: (Military time HH:MM)	03/12/2025	10:50
* Donor First Name	Fred		Donor Middle Initial			* Donor Last Name	Fox	
* Donor Evening Phone No.	N/P (10 digits or 'np' only)		* Donor Daytime Phone No.	N/P (10 digits or 'np' only)				

Device and Test Information

Scan QR code 120624E47938 

OR

Enter Lot Number E47938

Expiration Date (YYYY/MM) ▼ / 06 ▼

Test Device Quantisal I ▼

Test Panel ▼

* Donor Verified by: ☒ Photo ID ☐ Employer Representative

☐ Other

* Reason For Test: PRE-EMPLOYMENT ▼

Confirm all information and click 'Next'.

Delete Test

Next

The site administrator at your clinic can add the specific test device being used at your location. Instructions for adding devices to a FormFox account are available in the FormFox Training Center's Admin Portal.

Step 2

Collect the specimen.

If you need to suspend the test or the Donor collection is unsuccessful, click the Unable to Obtain – Donor Refused button.

Answer the series of “Yes / No” Questions concerning the specimen.

Collection Step 2: Obtain Specimen

Please obtain the specimen at this time.

Requested Specimen Collection: ORAL FLUID

If you need to suspend the test or the Donor is either unable to void, refuses to provide a sample, please click the Unable to Obtain - Donor Refused button.

Unable to Obtain - Donor Refused

Enter Lot Number E55003

Expiration Date (YYYY/MM) 2026 / 05

Test Device Quantisal I

Test Panel 40GY 9SAP/SYN OF

Were you able to inspect the oral cavity?

☐ No ☒ Yes

Has an item been found that appears to have been brought to the collection site with the intent to adulterate or substitute the specimen?

☒ No ☐ Yes

Has an item been found that could impede the collection?

☒ No ☐ Yes

Did you complete the 10-minute wait period?

☐ No ☒ Yes

Was adequate specimen collected in 10 minutes or less?

☐ No ☒ Yes

Does the specimen appear to be tampered with?

☒ No ☐ Yes

Collection Step 3: Seal containers

Collector affixes specimen seal(s) to specimen container(s). Collector dates seal(s). Donor initials seal(s).

☐ Complete ☐ Donor refuses to initial

Confirm all information and click 'Next' to continue, or 'Back' to return to the previous page.

Back

Next

Step 3 – Which FormFox label do I use?

Collection Step 3: Seal containers

Collector affixes specimen seal(s) to specimen container(s). Collector dates seal(s). Donor initials seal(s).

☒ Complete ☐ Donor refuses to initial

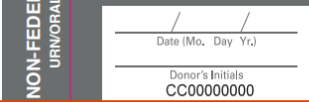
Use the gray
Non-Federal URN / ORAL
labels to seal the oral fluid
container(s).

Confirm all information and click 'Next' to continue, or 'Back' to return to the previous page.

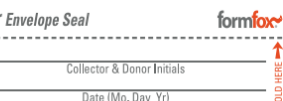
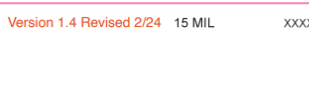
Back

Next

DISCARD REMAINING LABELS! DISCARD REMAINING LABELS!

Label Type	FormFox Label	Specimen ID Number
NON-FEDERAL URN/ORAL	 Date (Mo. Day Yr.) Donor's Initials CC00000000	 CC00000000
	 Date (Mo. Day Yr.) Donor's Initials CC00000000	 CC00000000
FEDERAL URN/ORAL	 Date (Mo. Day Yr.) Donor's Initials CF00000000	 CF00000000
	 Date (Mo. Day Yr.) Donor's Initials CF00000000	 CF00000000

CLINICAL

Label Type	FormFox Label	Specimen ID Number
CLINICAL	 2nd I.D. _____ GEN CC00000000 W	 CC00000000
	 2nd I.D. _____ GEN CC00000000 X	 CC00000000
CLINICAL	 2nd I.D. _____ GEN CC00000000 Y	 CC00000000
	 2nd I.D. _____ GEN CC00000000 Z	 CC00000000

Hair Envelope Seal

Label Type	FormFox Label	Specimen ID Number
Hair Envelope Seal	 Collector & Donor Initials Date (Mo. Day Yr.)	 CC00000000
	 Collector & Donor Initials Date (Mo. Day Yr.)	 CC00000000

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Collector affixes specimen seal(s) to specimen container(s). Collector dates seal(s). Donor initials seal(s).

Confirm all information and click 'Next' to continue, or 'Back' to return to the previous page.

Next



Step 3 – How do I place the label?

Collection Step 3: Seal containers

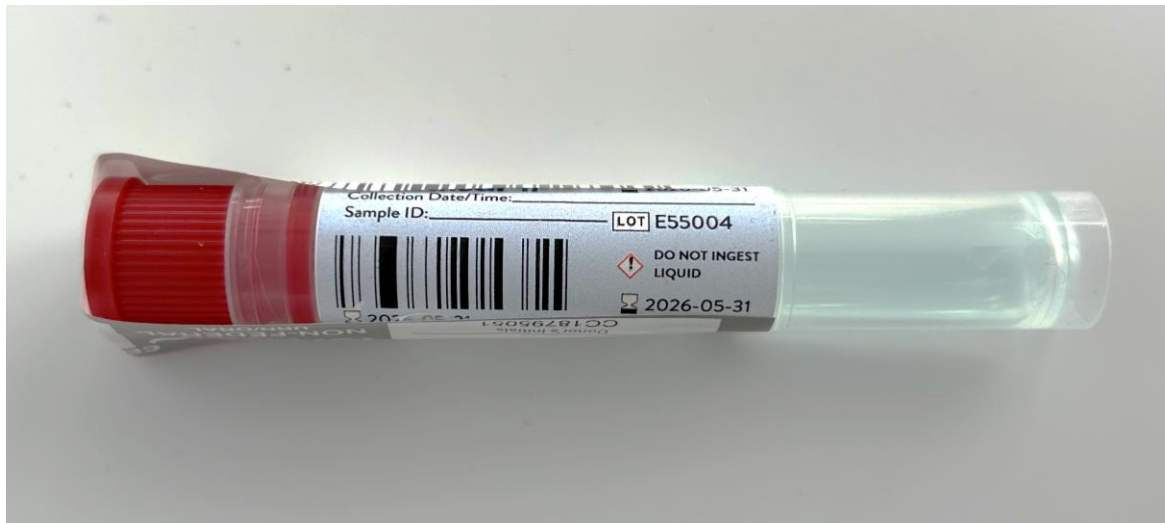
Collector affixes specimen seal(s) to specimen container(s). Collector dates seal(s). Donor initials seal(s).

☒ Complete ☐ Donor refuses to initial

Confirm all information and click 'Next' to continue, or 'Back' to return to the previous page.

Back

Next



Place the FormFox label on the container, making sure to leave the **barcode, collection date, sample ID, lot number, and expiration date** visible.

Step 3 – Enter specimen ID and capture donor signature

Scan or enter the barcode from the FormFox label affixed to the specimen container.

Ask the donor to verify the entered information before capturing their signature.

Collection Step 3 CONTINUED: Donor certification statement and signature

Collector: Scan or enter the barcode information from each specimen bottle.

.....	Re-Enter Specimen ID	CC18795051

Donor: Verify all information and sign certification statement.

Donor information

Name: Fred Fox
Date of Birth: 1/5/1992
ID: SSN 999999999
Day phone: N/P
Evening phone: N/P

Employer information

CRL LAB ACCT# _____
TEST193
Phone: N/P
Fax: N/P
Email:

Test information

Reason for test: PRE-EMPLOYMENT
Test panel: (40GY) 9SAP/SYN OF
Remarks:

[Show donor the Urine Collection Instructions.](#)
[Show donor the Alternative Specimen Collection Instructions.](#)
[Show donor the Blood Alcohol Collection Instructions.](#)

Donor Certification Statement & Signature



Click 'Back' to return to Collection Step 2, or 'Next' to continue.

Back

Next

Step 4

- Specify the courier
- Capture your signature
- Print out the lab copy/requested copies
- Package the specimen
- Click “Finish” before you dismiss the donor

Collection Step 4: Collector certification statement & CCF

Please specify the courier that will be used to transport the specimen(s) to the laboratory

FED-Ex

If selecting "Other", enter the name of the Courier here

Collector Signature

* Custody and Control Form

☒ Copy 1 Lab Copy

☐ The Alternative Specimen Collection Instructions

Additional Copies

☐ Copy 2 MRO Copy (FormFox will auto-fax Copy 2 to MRO.)

☐ Copy 3 Collector Copy

☐ Copy 4 Employer Copy

Select Donor Copy Delivery Options (Select all that apply).

Donor Copy ☒ Print ☐ Email ☐ Text Message

Reprint Copies

BILLING INFORMATION

Place specimen(s) in a security bag with Lab Copy 1 of the CCF for shipment to the laboratory. You may now dismiss the donor. Complete the collection by clicking 'Finish'.

Finish



If you need assistance with the Saliva Drug / Oral Fluid workflow process:

877-376-3691 Option 2

training@formfox.com

If you have Marketplace Billing questions,
please email the Specimen ID of the test event to

marketplacebilling@formfox.com