

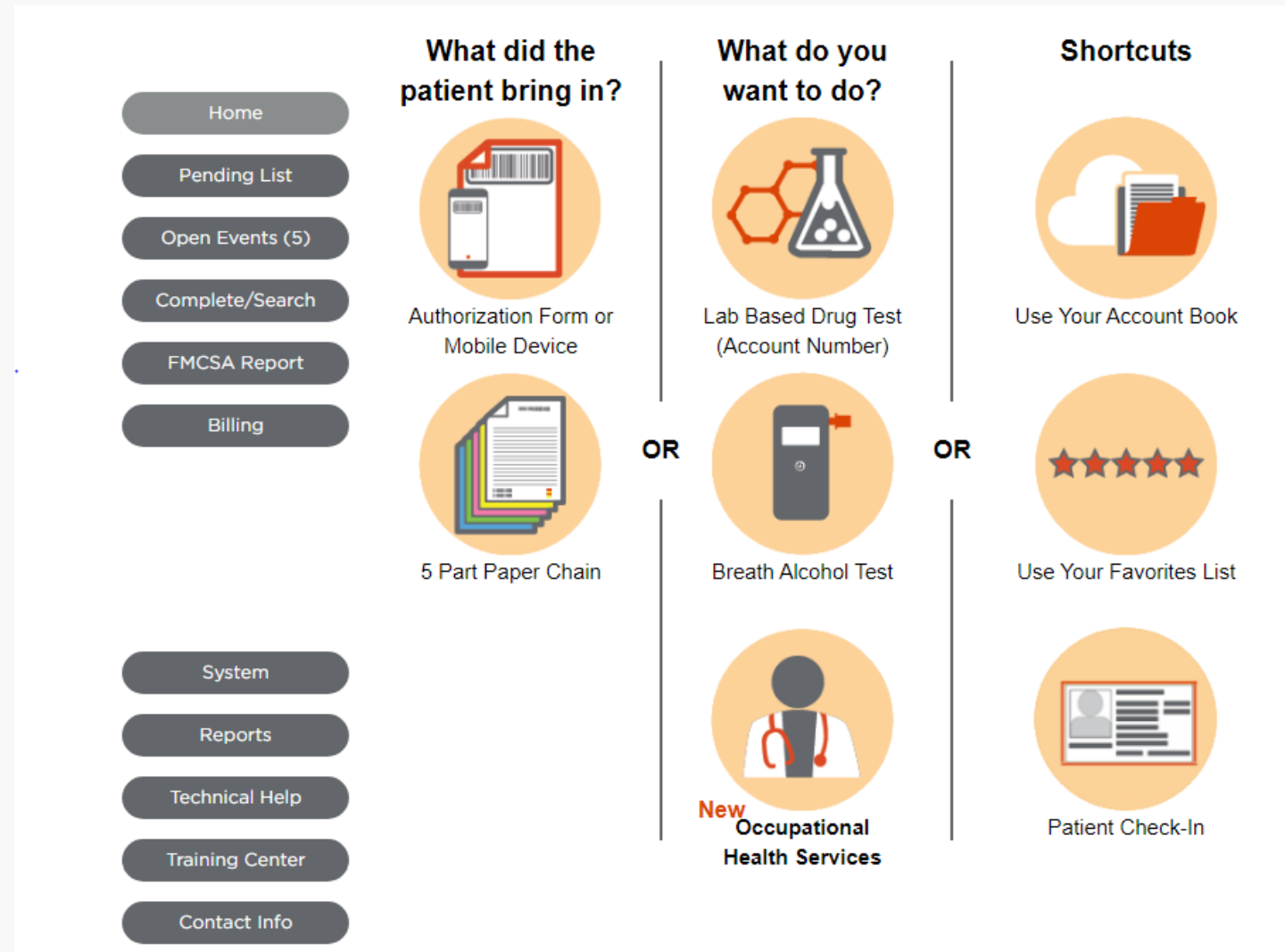
How to complete a Saliva Drug collection

FormFox Lab-Based Workflow

How to begin a saliva drug/oral fluid collection

A lab-based saliva drug (or oral fluid) collection can be pre-ordered (**Authorization Form** icon) or started from scratch (**Lab Based Drug Test** icon or **Patient Check-In** icon).


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



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

Lookup Account

Donor

SSN

999999999

Donor First Name

Fred


Donor Middle Initial

Donor Last Name

Fox

Date Of Birth

01/05/1992



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 Step 1 from top to bottom, ensuring that all required fields are filled out.


Collection Step 1: Donor Information

Employer
CRL LAB ACCT# _____
TEST193
Phone#: Fax#:

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 

* Donor First Name

Fred

Donor Middle Initial

* Date Arrived:
(Military time HH:MM)

07/30/2020  10:57

* Donor Evening Phone
No.

1234567890
(10 digits or 'np' only)

* Donor Daytime Phone
No.

1234567890
(10 digits or 'np' only)

* Donor Last Name


Fox

* Donor Verified by:

☒ Photo ID ☐ Employer Representative

☐ Other

* Reason For Test:

PRE-EMPLOYMENT 

Drug Tests to be performed:

(V371) 05/ORAL FLUID

Confirm all information and click 'Next'.

Cancel Test

Next

4

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Step 2 and Step 3

Select the **Test Device** from the dropdown. Enter the **Lot Number** and **Expiration Date** from the device.

If you need supplies, please contact the laboratory.

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.

Collection Step 2: Obtain Specimen

Please obtain the specimen at this time.
Requested Specimen Collection: **SALIVA DRUG**

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.

Test Device:

* Lot Number: * Expiration Date (YYYY/MM): /

Remarks:

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. Click 'Cancel' to exit the collection.

You will use a FormFox specimen label during this collection. Please place the specimen label on the specimen container before clicking the 'Next' button.

Which FormFox label do I use?

DISCARD REMAINING LABELS! DISCARD REMAINING LABELS!

URINE/VIAL SEAL NON-FEDERAL	CENTER OVER CAP	SPECIMEN ID NUMBER	GEN
<p>Date (Mo. Day Yr.)</p> <p>Donor's Initials CC08550000</p>	<p>formfox Smarter Workflows NON-FEDERAL</p> <p>A</p>	<p>CC08550000</p>	<p>CC08550000</p>
<p>Date (Mo. Day Yr.)</p> <p>Donor's Initials CC08550000</p>	<p>formfox Smarter Workflows NON-FEDERAL</p> <p>B</p>	<p>CC08550000</p>	<p>CC08550000</p>
URINE/VIAL SEAL FEDERAL	CENTER OVER CAP	SPECIMEN ID NUMBER	GEN
<p>Date (Mo. Day Yr.)</p> <p>Donor's Initials CF08550000</p>	<p>formfox Smarter Workflows FEDERAL</p> <p>A</p>	<p>CF08550000</p>	<p>CC08550000</p>
<p>Date (Mo. Day Yr.)</p> <p>Donor's Initials CF08550000</p>	<p>formfox Smarter Workflows FEDERAL</p> <p>B</p>	<p>CF08550000</p>	<p>CC08550000</p>
ORAL/BLOOD VIAL SEAL	Place Over Cap	Date (Mo. Day Year) Donor's Initials	Hair Envelope Seal
<p>Spec ID. CC08550000</p> <p>ORAL/BLOOD</p>	<p>A</p>	<p>formfox CC08550000</p>	<p>formfox</p> <p>CC08550000</p>
<p>Spec ID. CC08550000</p> <p>ORAL/BLOOD</p>	<p>B</p>	<p>formfox CC08550000</p>	<p>Collector & Donor Initials</p> <p>Date (Mo. Day Yr.)</p>

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Peel off this label for your oral test collections.

Enter Specimen ID and capture donor signature

Scan or enter the barcode from the 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

Donor: Verify all information and sign certification statement.

Donor information
Name: Fred Fox
Date of Birth: 1/5/1992
ID: SSN 999999999
Day phone: 123-456-7890
Evening phone: 123-456-7890

Employer information
CRL LAB ACCT# _____
TEST193
Phone:
Fax:

Test information
Reason for test: PRE-EMPLOYMENT
Testing Authority:
Test panel: (V371) 05/ORAL FLUID
Is temperature between 90 and 100 F? undefined
Actual specimen collection: Single
Observed?: no
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

7

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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

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

FED-Ex

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 your clinic is not enabled for Saliva Drug/Oral Fluid collections, please contact our Implementation team.

Implementation Team

877.376.3691 opt 3

training@formfox.com

