

## **COLLECTOR QUICK REFERENCE**

- □ APPLICATION Applicant Has Completed Application.
- □ BACKGROUND/MVR Background/MVR Approved by Safety.
- $\Box$  GLOVES
- $\Box$  BIO-CUP Test Kit with Valid Expiration Date.
- DONOR ID Verify ID
- □ DONOR PREP Empty Pockets, No Jackets, Purses, Etc.
- □ SECURE COLLECTION AREA Water Shutoff, No Substances in Area.
- □ INSTRUCT DONOR TO WASH HANDS IN YOUR VIEW.
- $\hfill\square$  Tear open foil pouch and hand collection cup to donor.
- □ REQUEST DONOR TO PROVIDE SAMPLE TO TEMPERATURE STRIP
- □ AFTER SAMPLE SUBMISSION ENSURE CAP IS CLOSED Use Cap Closure Indicator.

 $\Box$  CHECK TEMP STRIP TO MAKE SURE SAMPLE IS WITHIN NORMAL RANGE – 90 – 100 If the temp is out of range perform a new collection.

- PEEL OF PRIVACY LABEL
- □ ENSURE TOP CONTROL LINE VISIBLE Test is invalid without top line, new cup is required.
- □ READ DRUG RESULTS Two lines negative (even if light). If the bottom line is missing send to lab.
- □ IF NEGATIVE COMPLETE PDF RESULT FORM Fax to 888.977.8834
- □ IF NOT NEGATIVE **COMPLETE CHAIN OF CUSTODY FORM** (see quick guide)

## **Questions?**

## We can help!

## Call 866.413.6872