IN DCS- CORDANT HEALTH SOLUTIONS

TREATMENT PROVIDER TRAINING

Cordant Health Solutions®

AGENDA

- Changes in DCS Process
- Who is Cordant Health Solutions?
- The Collection Process
  - Oral Fluid Collection
  - Monitored Urine Collections
- Sentry
- Reading Results
- Additional Resources

IN DCS SPECIFIC CHANGES IN PROCESS

What is Changing?

- Changing from current vendor to Cordant Health Solutions
- Urine specimen collection should be “monitored” rather than “observed”
  - If an adulteration event is found or other concerns warranted- full observation will be required for that individual
- Provider will have the option to utilize either oral fluid or urine at their discretion
- Provider can request additional panels if warranted

What is not Changing?

- SUDA and SUDT referrals will still come with the units of testing that you can administer for assessments and treatment
- Treatment providers will have access to the results in the Cordant System and the results will also be sent by Cordant directly to KidTraks

CORDANT HEALTH SOLUTIONS

Beyond our commitment to excellence and providing the best solutions available, we are driven by a higher purpose at Cordant Health Solutions—to make a difference in the lives of those we serve, especially those affected by addiction. **We are all part of the solution.**

DEDICATION TO SERVICE

- **4.7 million samples** tested annually across 50 states
- **8,000 patients served** by our managed pharmacy program
- **65,000 MAT prescriptions** filled
- **395,000 pills disposed** of through our take-back program

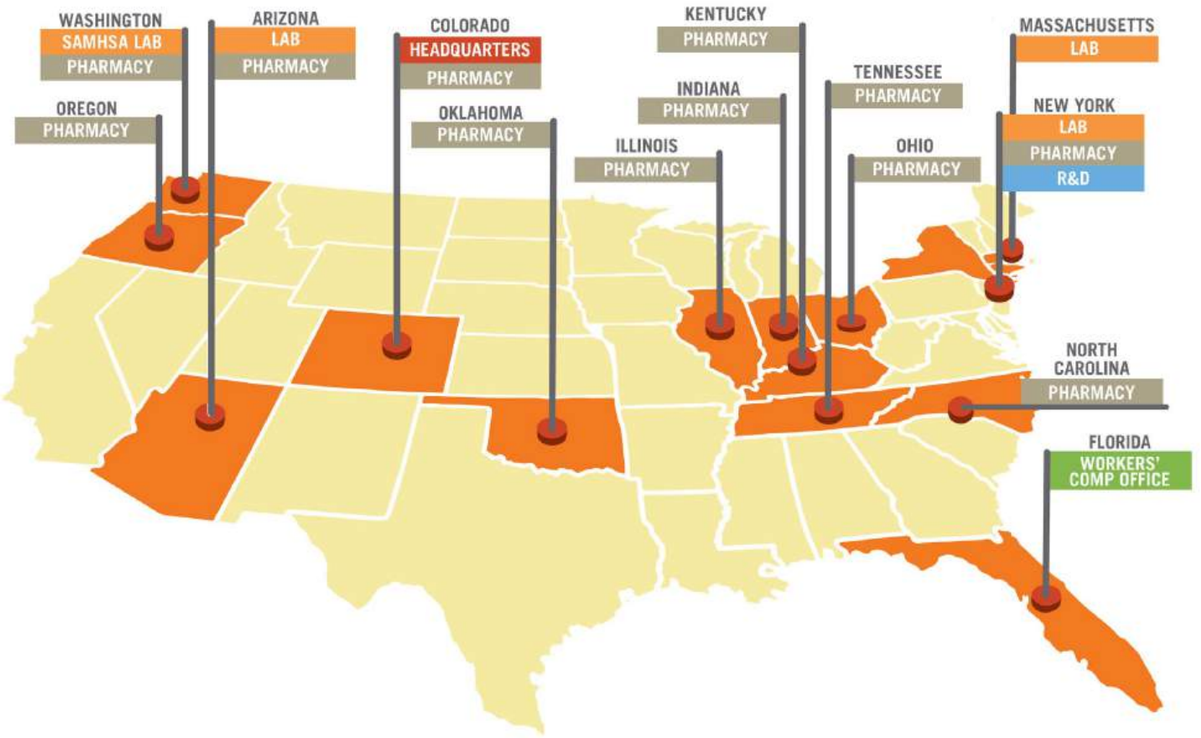
LEADER IN QUALITY

- **1 of only 21 labs** nationwide certified by the U.S. Department of Health and Human Services (SAMHSA)
- CLIA, CAP and CAP FDT certified

INDUSTRIES WE SERVE

- Substance Use Treatment
  - *Abstinence-Based, Medication-Assisted*
- Criminal Justice Agencies
  - *Treatment Courts, Parole, Probation, Social Services*
- Mental Health
- Hospitals and Health Systems
- Chronic Pain Management
- Workers' Compensation

Cordant's National Footprint



SAMHSA Substance Abuse and Mental Health Services Administration | Clinical Laboratory Improvement Amendments | CAP ACCREDITED College of American Pathologists | DHCS | Medi-Cal

Laboratory Services Available Nationally Pharmacy Services Available Regionally

THE COLLECTION PROCESS

BEFORE YOU COLLECT

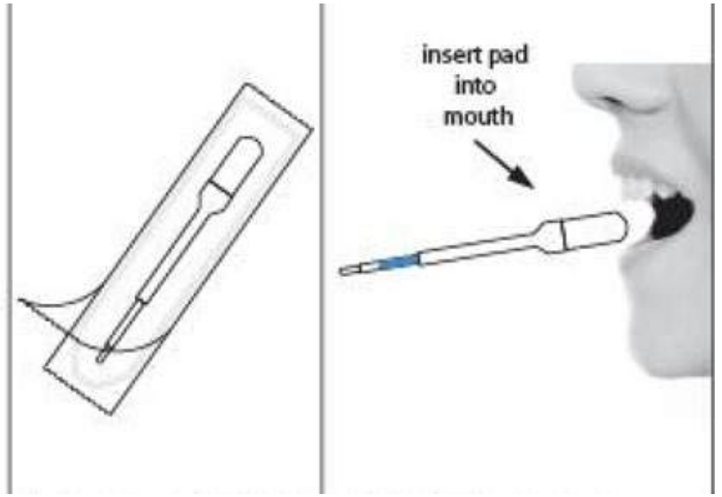
1. Verify the name and date of birth of the client or patient
2. Search and Print collection order from Sentry
3. Review Process Acknowledgment form while explaining the collection process
4. If any issues occur during the collection, “report violation” or notes on section page
5. Samples are to always remain in clear sight to both the client and the collector until the chain of custody is complete and then sealed and packaged to send to the lab

ORAL FLUID COLLECTION

ORAL FLUID SPECIMEN COLLECTION

COLLECTING THE SPECIMEN

1. Always ensure the client has not used tobacco products, drank any fluids or consumed any food products within the last **10 minutes** before collection. This includes gum, candies and mouthwash.
2. Always inspect the expiration date of the device and open package- discard if expired
3. Have the client grab the device handle and position the cotton bad under their tongue
4. The client must not speak or bite the device during the collection process
5. The collector must remain in the room with the client until the collection is complete
6. The collection device must stay under the tongue until the Volume Adequacy Indicator turns **BLUE**
7. The indicator should turn blue in 2-5 minutes but could take up to 10
   - **What happens if the indicator does not turn blue after 10 minutes?**
     - Discard the device
     - Instruct the client to drink water
     - Then wait 10 minutes
     - Recollect with new device



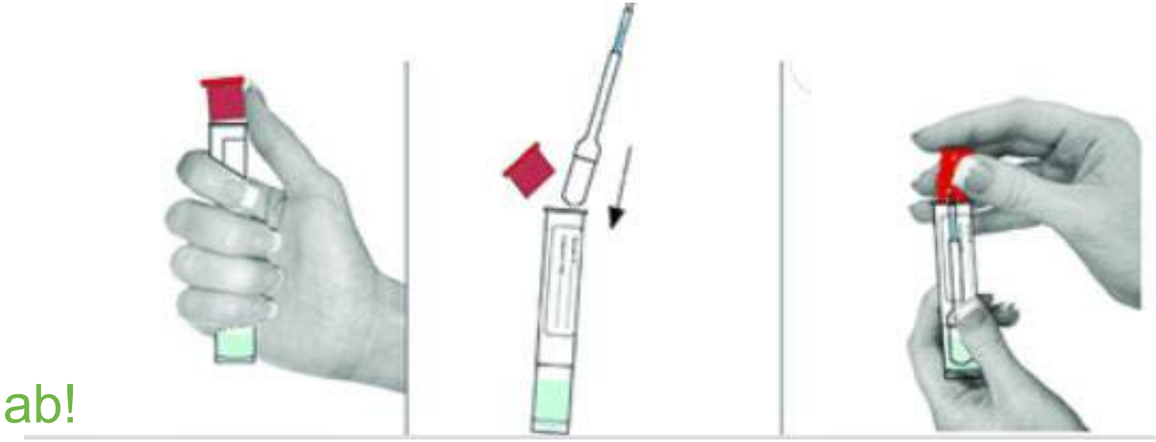
If indicator does not turn blue, you will not have enough oral fluid to ensure accurate testing- Resulting in a potential FALSE NEGATIVE

ORAL FLUID SPECIMEN COLLECTION

SECURING THE SPECIMEN

1. Have the client firmly hold the transport tube upright
2. Remove the red cap by pushing up ward with the thumb
3. Be sure none of the liquid spills or splashes out of tube
4. Have the client grab the handle of the collection device and remove from their mouth
5. Place the device bad end first into the transport tube
6. Replace the red cap and push down until it SNAPS into place

❖ **If device pad is bitten off, falls off or is in some way damaged, discard sample and device and recollect**



- Placing the device in upside down will be rejected by lab!
- Potential false negative because drug won't be properly extracted from the pad into the solution

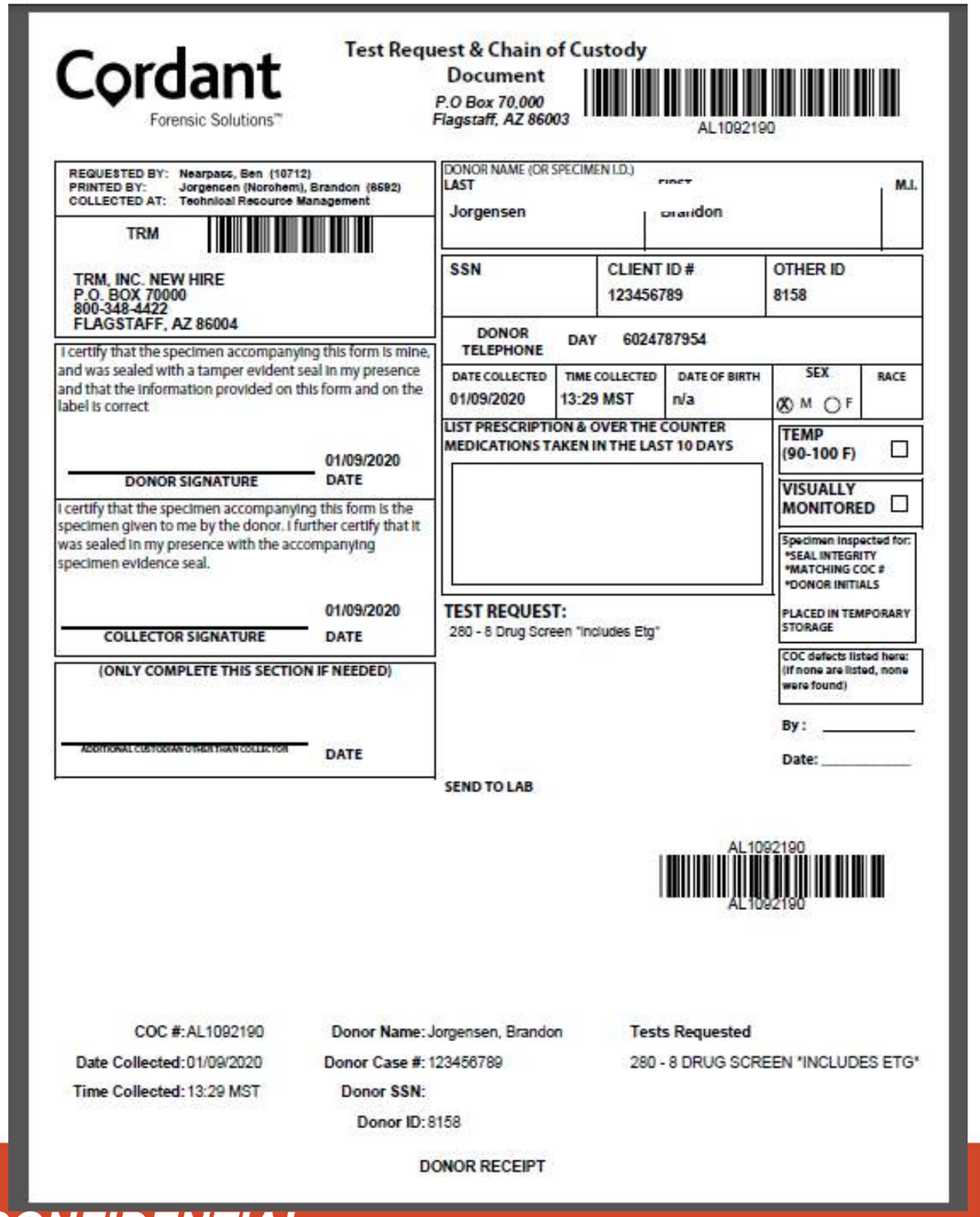
MONITORED URINE COLLECTIONS

MONITORED URINE SPECIMEN COLLECTION

COLLECTING AND SECURING THE SPECIMEN

1. Blue septic agent should be utilized before every monitored collection event
2. Ask the client to remove coats/jackets, purses, etc. Have them remove all pocket contents; personal items are to remain outside of the collection restroom
3. Be sure to check around the client's waist band and body looking for any baggies, strings, devices, etc that seem out of place. Have the client wash their hands thoroughly (no soap) to thwart any attempts to conceal items on or around the hands or arms
4. Instruct client not run any water or flush until specimen is handed back to collector
5. **Monitored collections:** The collector stands outside of the door to listen for any potential improprieties (Collector is *NOT* observing the client urinating into the container)
6. **Observed collections:** Inform the client you must observe the urine leaving the body
7. Lab requires a minimum of 15 mL of specimen
8. Visually check sample for signs of contamination or tampering (note any visual observations in the Test request space provided on COC)
9. Check temperature on temp strip. This should be between 90 and 100 degrees. Record on form. If temperature did not register, recollect and notate first failed attempt in Sentry

SENTRY CHAIN OF CUSTODY



Cordant
Forensic Solutions™

Test Request & Chain of Custody
Document

P.O Box 70,000
Flagstaff, AZ 86003

AL1092190

REQUESTED BY: Nearpass, Ben (10712)
PRINTED BY: Jorgensen (Norohem), Brandon (8582)
COLLECTED AT: Technical Recource Management

TRM

TRM, INC. NEW HIRE
P.O. BOX 70000
800-348-4422
FLAGSTAFF, AZ 86004

I certify that the specimen accompanying this form is mine, and was sealed with a tamper evident seal in my presence and that the information provided on this form and on the label is correct

DONOR SIGNATURE — DATE: 01/09/2020

I certify that the specimen accompanying this form is the specimen given to me by the donor. I further certify that it was sealed in my presence with the accompanying specimen evidence seal.

COLLECTOR SIGNATURE — DATE: 01/09/2020

(ONLY COMPLETE THIS SECTION IF NEEDED)

ADDITIONAL CUSTODIAN OTHER THAN COLLECTOR — DATE

DONOR NAME (OR SPECIMEN I.D.)

LAST	FIRST	M.I.
Jorgensen	Brandon	

SSN	CLIENT ID #	OTHER ID
	123456789	8158

DONOR TELEPHONE — DAY 6024787954

DATE COLLECTED	TIME COLLECTED	DATE OF BIRTH	SEX	RACE
01/09/2020	13:29 MST	n/a	(X) M ( ) F	

LIST PRESCRIPTION & OVER THE COUNTER MEDICATIONS TAKEN IN THE LAST 10 DAYS

TEMP (90-100 F) ☐

VISUALLY MONITORED ☐

Specimen Inspected for:
*SEAL INTEGRITY
*MATCHING COC #
*DONOR INITIALS

PLACED IN TEMPORARY STORAGE

COC defects listed here: (If none are listed, none were found)

By: _____

Date: _____

TEST REQUEST:
280 - 8 Drug Screen "Includes Etg"

SEND TO LAB

AL1092190

AL1092190

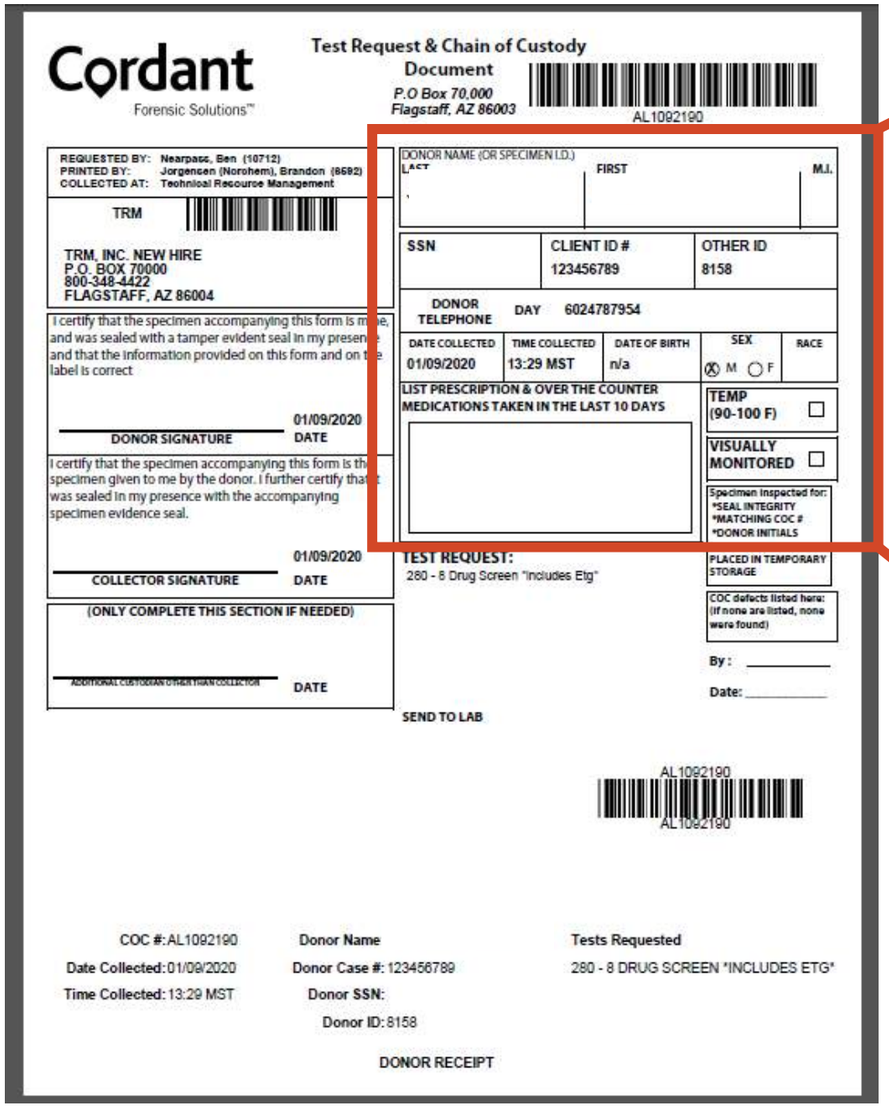
COC #: AL1092190
Date Collected: 01/09/2020
Time Collected: 13:29 MST

Donor Name: Jorgensen, Brandon
Donor Case #: 123456789
Donor SSN:
Donor ID: 8158

Tests Requested
280 - 8 DRUG SCREEN "INCLUDES ETG"

DONOR RECEIPT

SENTRY CHAIN OF CUSTODY



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Forensic Solutions™

Test Request & Chain of Custody
Document

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Flagstaff, AZ 86003

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DONOR NAME (OR SPECIMEN I.D.)
LAST | FIRST | M.I.

SSN	CLIENT ID #	OTHER ID
	123456789	8158

DONOR TELEPHONE DAY 6024787954

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01/09/2020	13:29 MST	n/a	(X) M ( ) F	

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SEND TO LAB

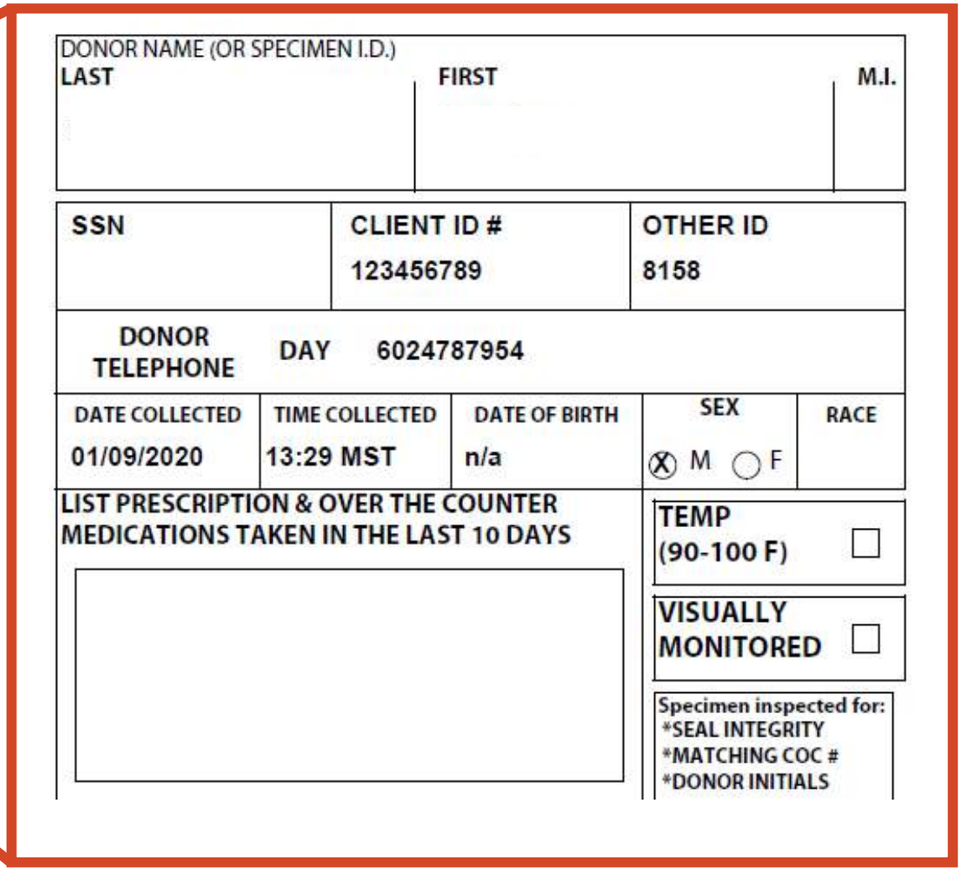
AL1092190
AL1092190

COC #: AL1092190
Date Collected: 01/09/2020
Time Collected: 13:29 MST

Donor Name
Donor Case #: 123456789
Donor SSN:
Donor ID: 8158

Tests Requested
280 - 8 DRUG SCREEN *INCLUDES ETG*

DONOR RECEIPT



DONOR NAME (OR SPECIMEN I.D.)
LAST | FIRST | M.I.

SSN	CLIENT ID #	OTHER ID
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DONOR TELEPHONE DAY 6024787954

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01/09/2020	13:29 MST	n/a	(X) M ( ) F	

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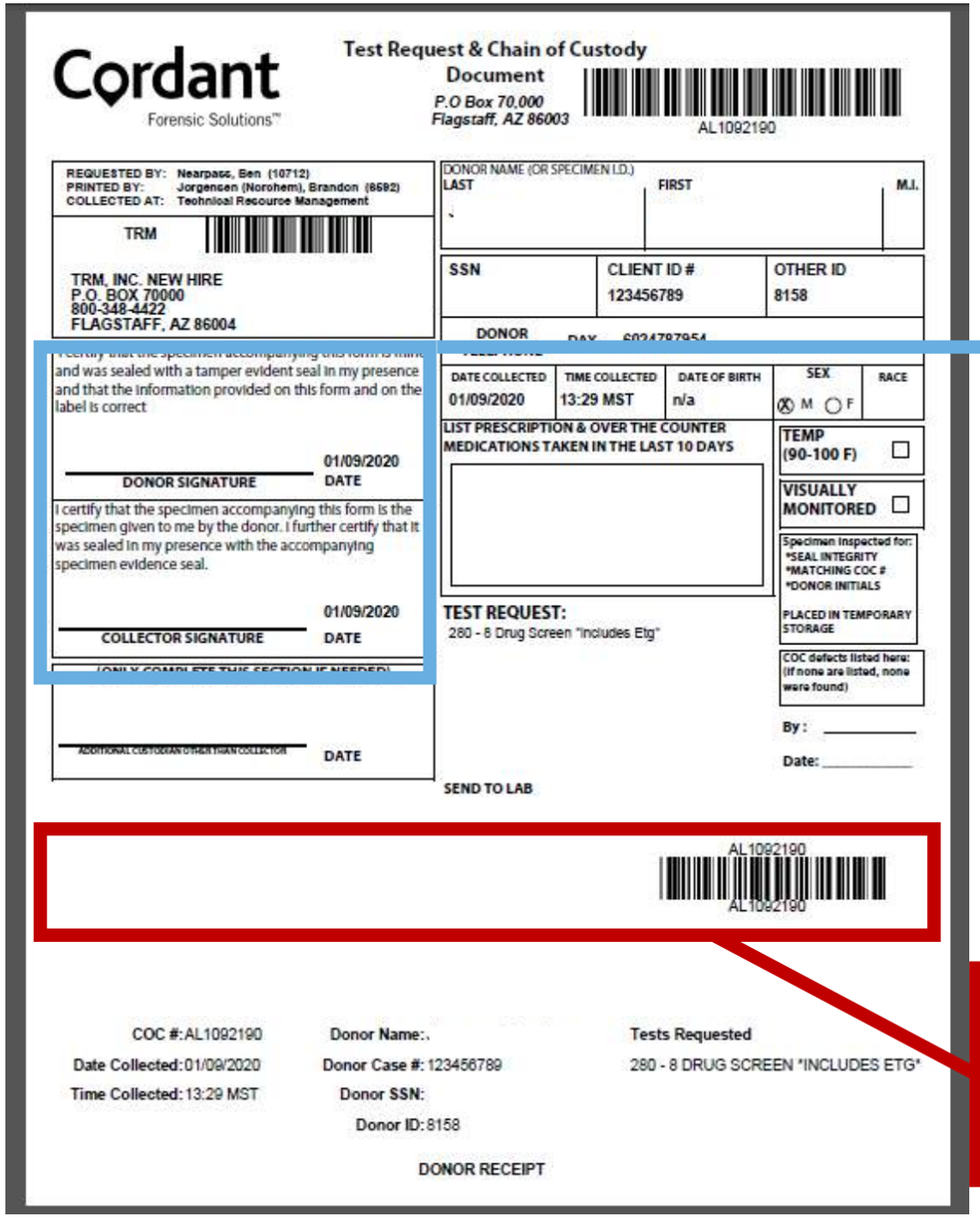
TEMP (90-100 F) ☐

VISUALLY MONITORED ☐

Specimen inspected for:
*SEAL INTEGRITY
*MATCHING COC #
*DONOR INITIALS

Donor demographics will be automatically populated within Sentry- No manual entry necessary

SENTRY CHAIN OF CUSTODY



Cordant
Forensic Solutions™

Test Request & Chain of Custody Document
P.O Box 70,000
Flagstaff, AZ 86003

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DONOR NAME (OR SPECIMEN I.D.)
LAST | FIRST | M.I.

SSN | CLIENT ID # 123456789 | OTHER ID 8158

DONOR DAY 6024787954

DATE COLLECTED 01/09/2020 | TIME COLLECTED 13:29 MST | DATE OF BIRTH n/a | SEX (X) M ( ) F | RACE

I certify that the specimen accompanying this form is mine, and was sealed with a tamper evident seal in my presence and that the information provided on this form and on the label is correct

DONOR SIGNATURE 01/09/2020 DATE

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COLLECTOR SIGNATURE 01/09/2020 DATE

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ADDITIONAL CUSTODIAN OTHER THAN COLLECTOR DATE

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VISUALLY MONITORED ☐

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280 - 8 Drug Screen "includes Etg"

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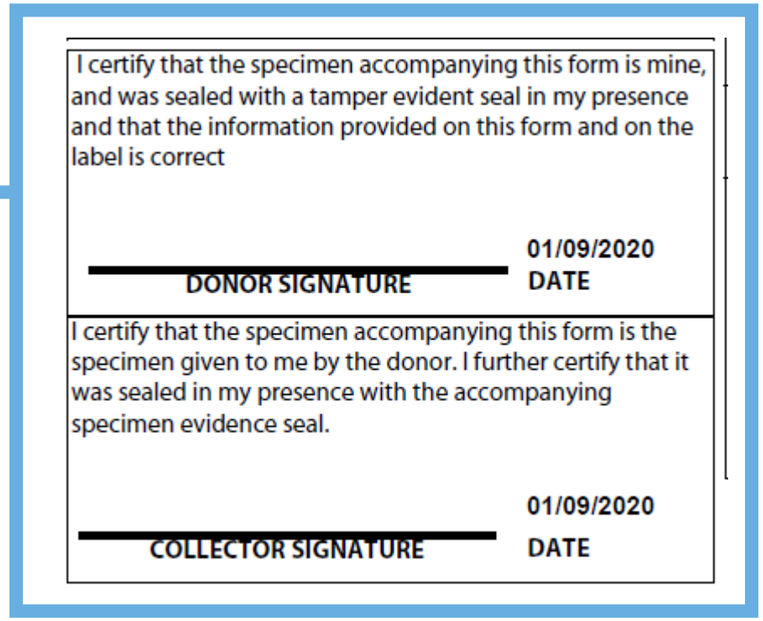
AL1092190
AL1092190

COC #: AL1092190
Date Collected: 01/09/2020
Time Collected: 13:29 MST

Donor Name:.
Donor Case #: 123456789
Donor SSN:
Donor ID: 8158

Tests Requested
280 - 8 DRUG SCREEN *INCLUDES ETG*

DONOR RECEIPT



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COLLECTOR SIGNATURE 01/09/2020 DATE

- Donor and Collector signature
- Tamper evident seal

PLACE SEAL ACROSS ***CAP*** OF SPECIMEN CONTAINER

Donor Initials _____

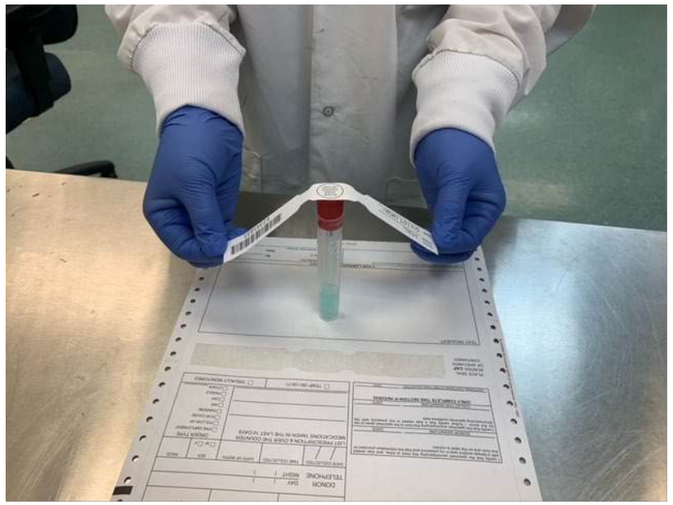
Date _____

PLACE OVER CENTER OF CAP

E2362073

CORDANT REQUISITION FORM

Once label is adhered, have client initial and date the label

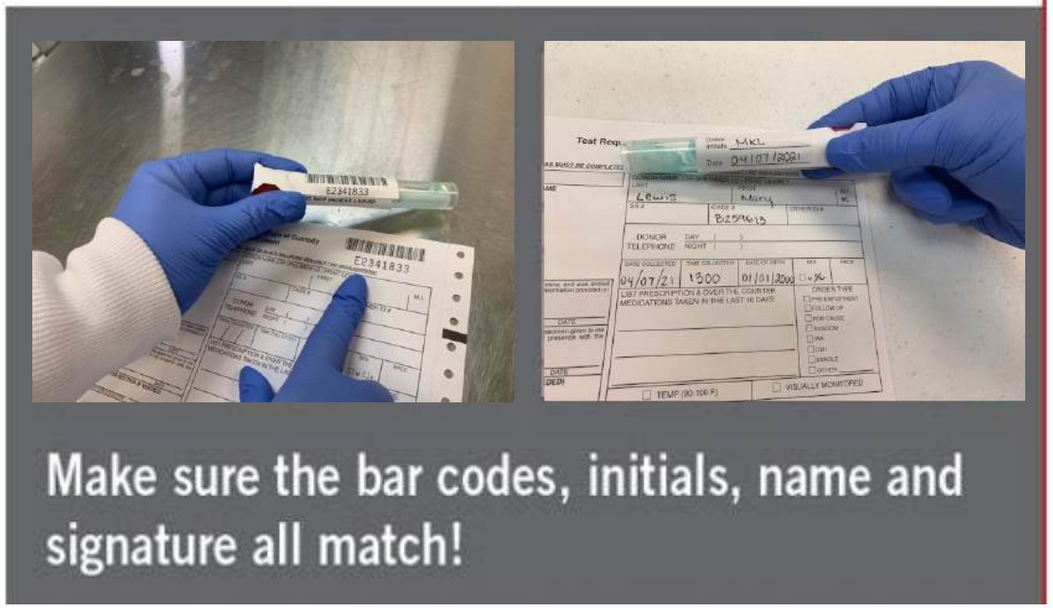


Ensure seal is placed correctly over the sample lid and down the sides of the vial or device

- This acknowledges the sample was sealed in the client's presence and is indeed their sample
- Seal number MUST match the number on the requisition form

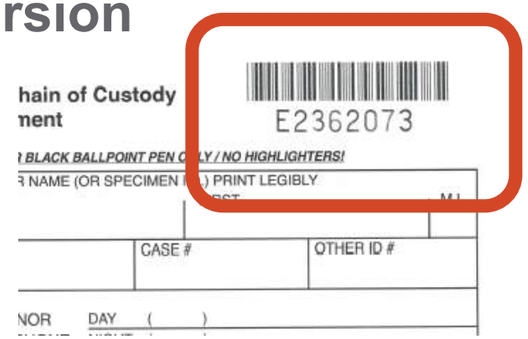
PROPER CHAIN OF CUSTODY

FINAL CHECK: Both the collector and the client must sign the requisition form



PROCESS ACKNOWLEDGMENT FORM

- Completed with each collection
- Sent to the lab with COC and sample
- Acknowledges the collection protocol was followed and Chain of Custody was maintained
- Urine, oral fluid and hair version


hain of Custody
nent

E2362073

BLACK BALLPOINT PEN

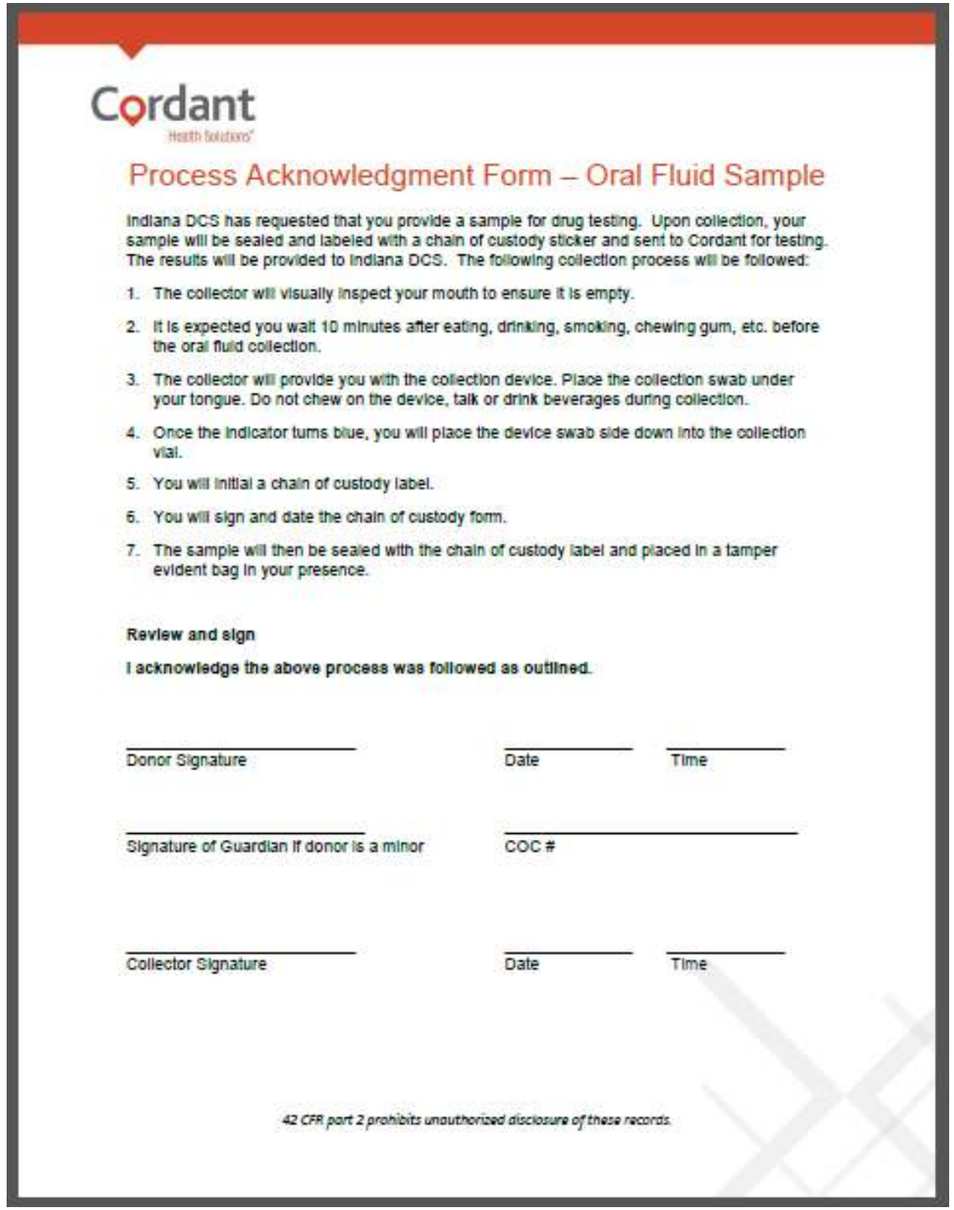
NAME (OR SPECIMEN

PRINT LEGIBLY

CASE #

OTHER ID #

NOR DAY


Cordant
Health Solutions

Process Acknowledgment Form – Oral Fluid Sample

Indiana DCS has requested that you provide a sample for drug testing. Upon collection, your sample will be sealed and labeled with a chain of custody sticker and sent to Cordant for testing. The results will be provided to Indiana DCS. The following collection process will be followed:

1. The collector will visually inspect your mouth to ensure it is empty.
2. It is expected you wait 10 minutes after eating, drinking, smoking, chewing gum, etc. before the oral fluid collection.
3. The collector will provide you with the collection device. Place the collection swab under your tongue. Do not chew on the device, talk or drink beverages during collection.
4. Once the indicator turns blue, you will place the device swab side down into the collection vial.
5. You will initial a chain of custody label.
6. You will sign and date the chain of custody form.
7. The sample will then be sealed with the chain of custody label and placed in a tamper evident bag in your presence.

Review and sign

I acknowledge the above process was followed as outlined.

Donor Signature _____ Date _____ Time _____

Signature of Guardian if donor is a minor _____ COC # _____

Collector Signature _____ Date _____ Time _____

42 CFR part 2 prohibits unauthorized disclosure of these records.

RELEASE OF INFORMATION FORM

- Completed with each collection
- Sent to the lab with COC and sample
- This release ensures compliance with a contractual requirement between Cordant and DCS - all requirements of HIPAA and 42 CFR Part 2 must be maintained.

CONSENT TO RELEASE HEALTH AND SUBSTANCE ABUSE RECORDS

1. I, _____ (hereinafter, the "Individual"), by and through this consent to release health and substance abuse records (this "Consent and Release") hereby authorize Technical Resource Management, LLC d/b/a Cordant Health Solutions (the "Testing Entity") to receive, use, release, disclose, and re-disclose the following health and substance use information (the "Health and Substance Abuse Records"), by and among themselves, and the Indiana Department of Child Services (DCS):

   ▫ The entirety of all medical, substance abuse, and other records relating to the Individual maintained by the Testing Entity
   ▫ Other (please explain): _____

2. I authorize the Testing Entity to receive, use, release, disclose and re-disclose the above-described information by and among themselves, and to the Indiana Department of Child Services (DCS), for the purposes of securing, administering, documenting, and processing child welfare services and benefits by and through DCS and in responding to subpoenas and court orders for such records in relation to legal matters involving DCS and the administration of DCS benefits and services pending before the State and Federal Courts in the State of Indiana, unless otherwise specified below:
   ▫ Other (please specify): _____

3. The authorization to receive, use, release, disclose, and re-disclose of the above-described Health and Substance Abuse Records shall expire two (2) years after the date of signature hereto or upon the following occurrence:

   ▫ Please specify event, if not a specific date (ex., Closure of DCS Case Number:): _____

4. I understand that my Health and Substance Abuse Records are protected under federal law, including the final regulations governing the confidentiality of substance use disorder patient records, 42 C.F.R. Part 2, and the Health Insurance Portability and Accountability Act of 1996 ("HIPAA"), 45 C.F.R. Parts 160 and 164, and cannot be disclosed without my written consent pursuant to this Consent and Release unless otherwise provided within their implementing regulations. Federal law prohibits the person or organization to whom disclosure is made from making any further disclosure of this information unless further disclosure is expressly permitted by the written authorization of the person to whom it pertains or as otherwise permitted by 42 C. F. R. Part 2.

5. I understand that if the person or entity to whom the Testing Entity may disclose or re-disclose the above-described Health and Substance Abuse Records is not a doctor, health care provider or health plan, the Health and Substance Abuse Records may not be protected by HIPAA, and that recipient may use or disclose the Health and Substance Abuse Records to other non-covered entities. I understand that the Health and Substance Abuse Records may include information relating to sexually transmitted diseases, acquired immunodeficiency syndrome (AIDS), or human immunodeficiency virus (HIV); behavioral or mental health services; and treatment for alcohol and drug abuse.

6. I understand that my refusal to sign this Consent and Release will not affect the Individual's ability to obtain services from the Testing Entity; however it may affect the Individual's ability to secure or otherwise participate in child welfare services and benefits administered through DCS which may require access to the Individuals Health and Substance Abuse Records.

7. I understand I have the right to inspect or copy the Health and Substance Abuse Records disclosed pursuant to this Consent and Release and to receive a copy of the signed Consent and Release. I understand that I may revoke (cancel) this Consent and Release at any time and that such revocation must be in writing and delivered to the Testing Entity. The Testing Entity cannot be held responsible for having disclosed Health and Substance Abuse Records in reliance upon this Consent and Release before receiving a written revocation.

8. I understand that the Testing Entity and their respective workforce members are released from legal responsibility or liability for disclosing Health and Substance Abuse Records authorized by this Consent and Release.

9. I acknowledge that I understand, and had an opportunity to ask questions before I signed, this Consent and Release.

_____ _____
Signature of Individual (or Individual's Personal Representative) **Date of Signature**

_____ _____
Print Name of Individual or Personal Representative (if applicable) **Individual's Date of Birth**

***Personal Representative Only** (please describe your authority to sign on behalf of the Individual (e.g., Parent, Guardian, etc.)):

_____

42 CFR part 2 prohibits unauthorized disclosure of these records.

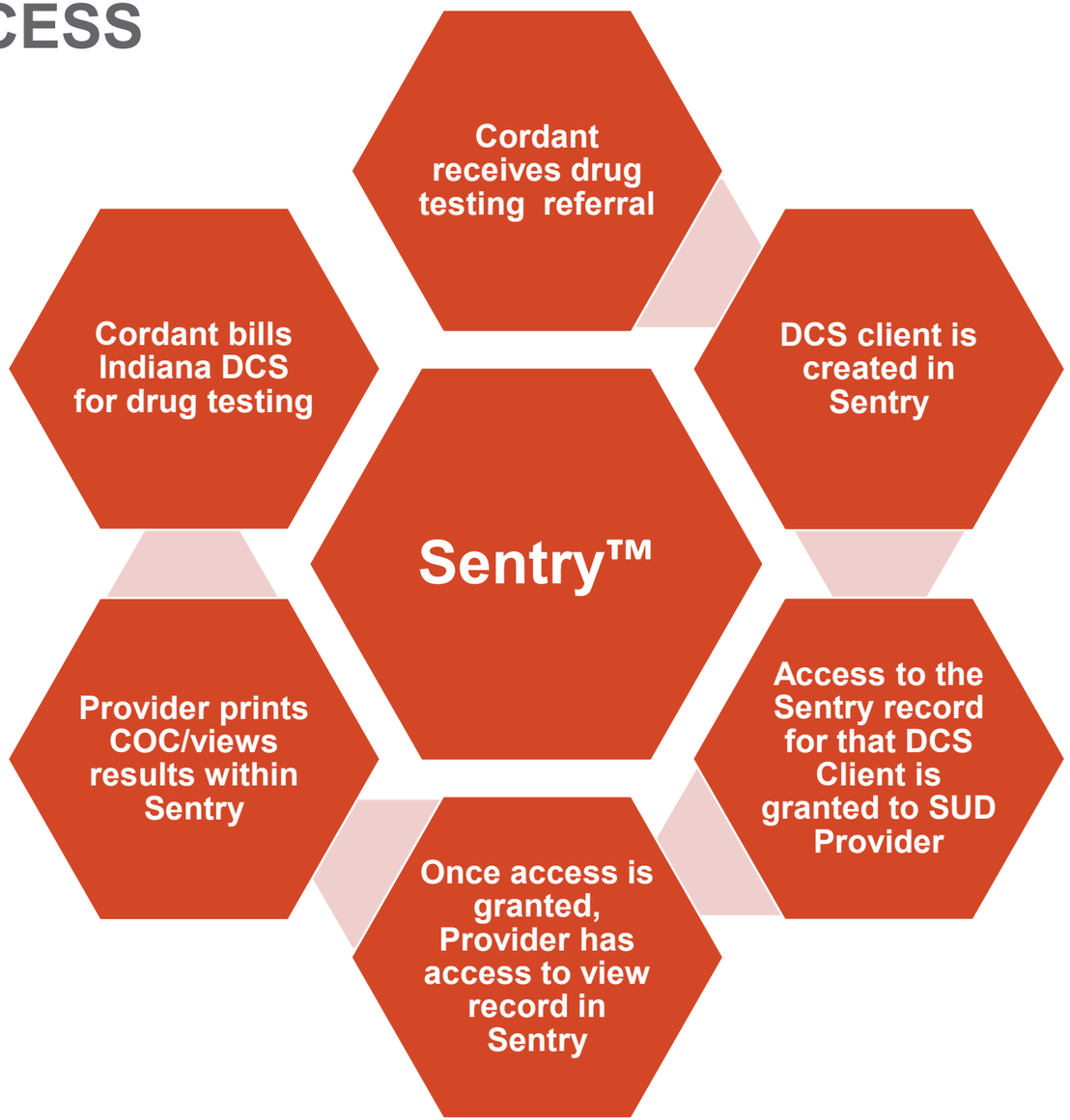
SHIPPING TO LAB

SEAL IN BAG

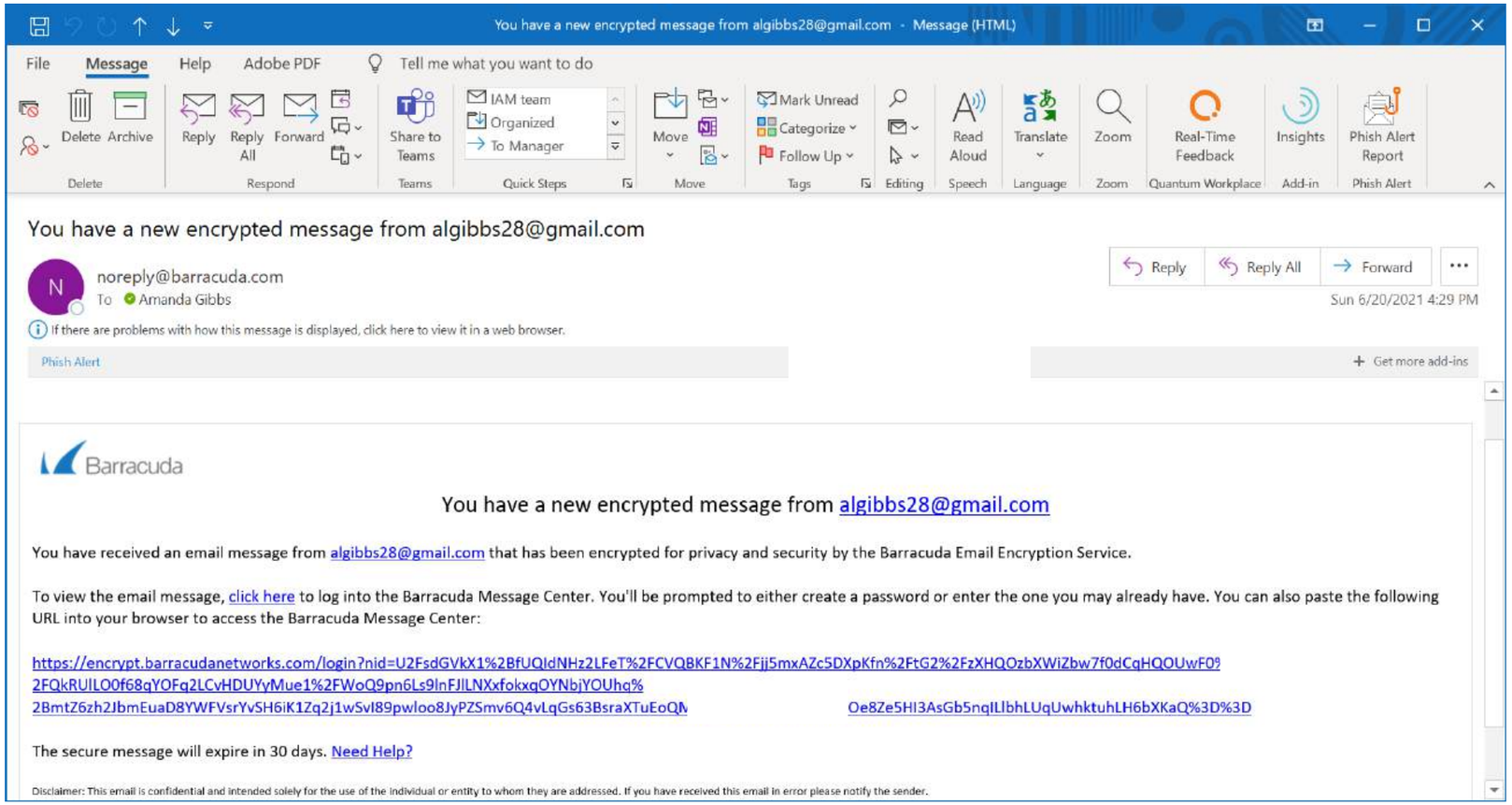
1. Place specimen in the smaller compartment of the bag with the absorbent pad
2. Fold both the Process Acknowledgement Form, Release of Information Form and the Chain of Custody in half and then in half again
3. Place the folded forms in the larger compartment of the specimen bag, separate from the specimen
4. Fold the adhesive flap over the cross-hatch slit opening.
5. Place in Fed Ex Box or Bag for shipping to the lab

SENTRY

HIGH LEVEL PROCESS



SENTRY LOG-IN SENT THROUGH ENCRYPTED EMAIL

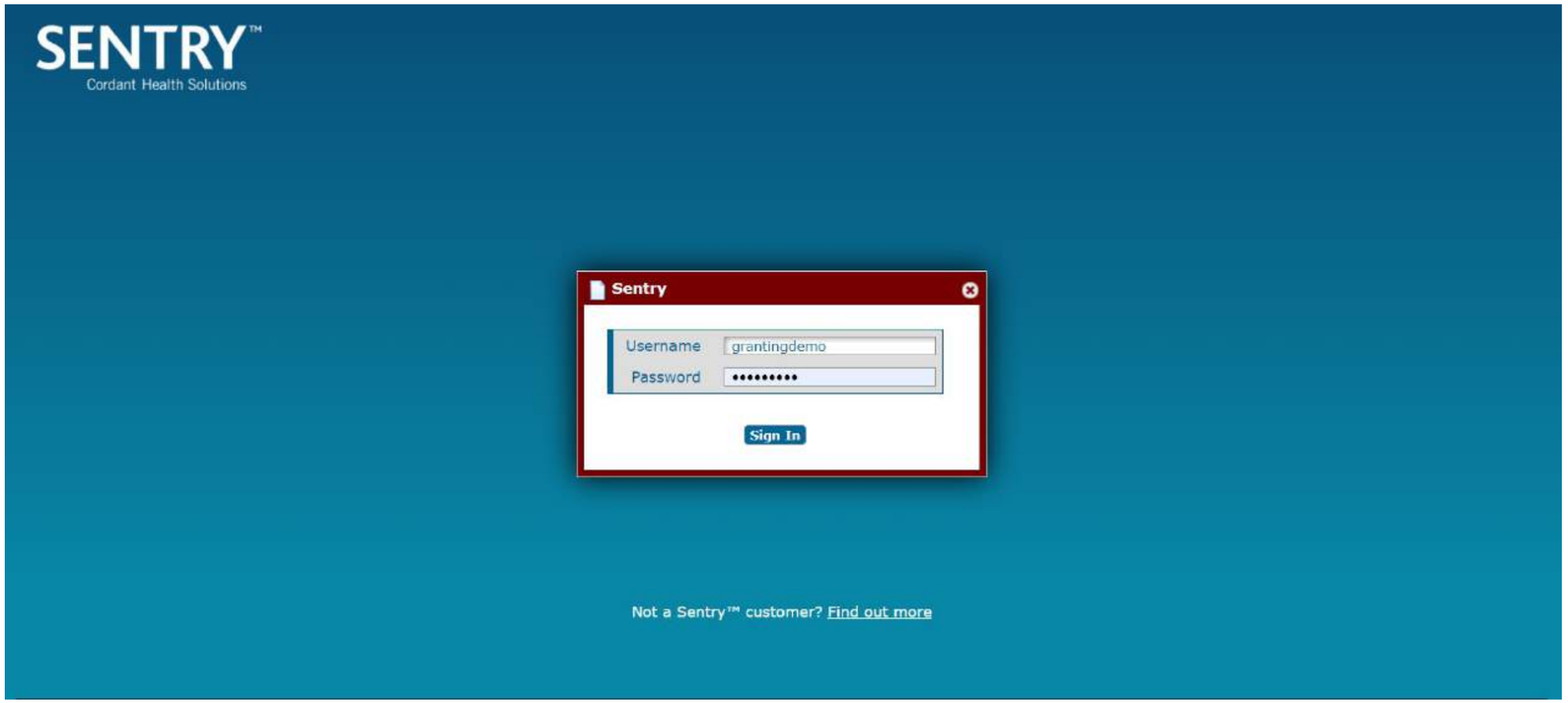


- For SUD Providers that have more than one location, a different log-in will be provided for each location.
- Click on the link in the email
- You will be prompted to either create a password OR enter the one you've already created.

IMPORTANT: Sentry log-In credentials will not be sent until we have received the signed Qualified Service Organization Agreement (QSOA).

LOGIN

- Login at https://sentry.cordanths.com/Sentry

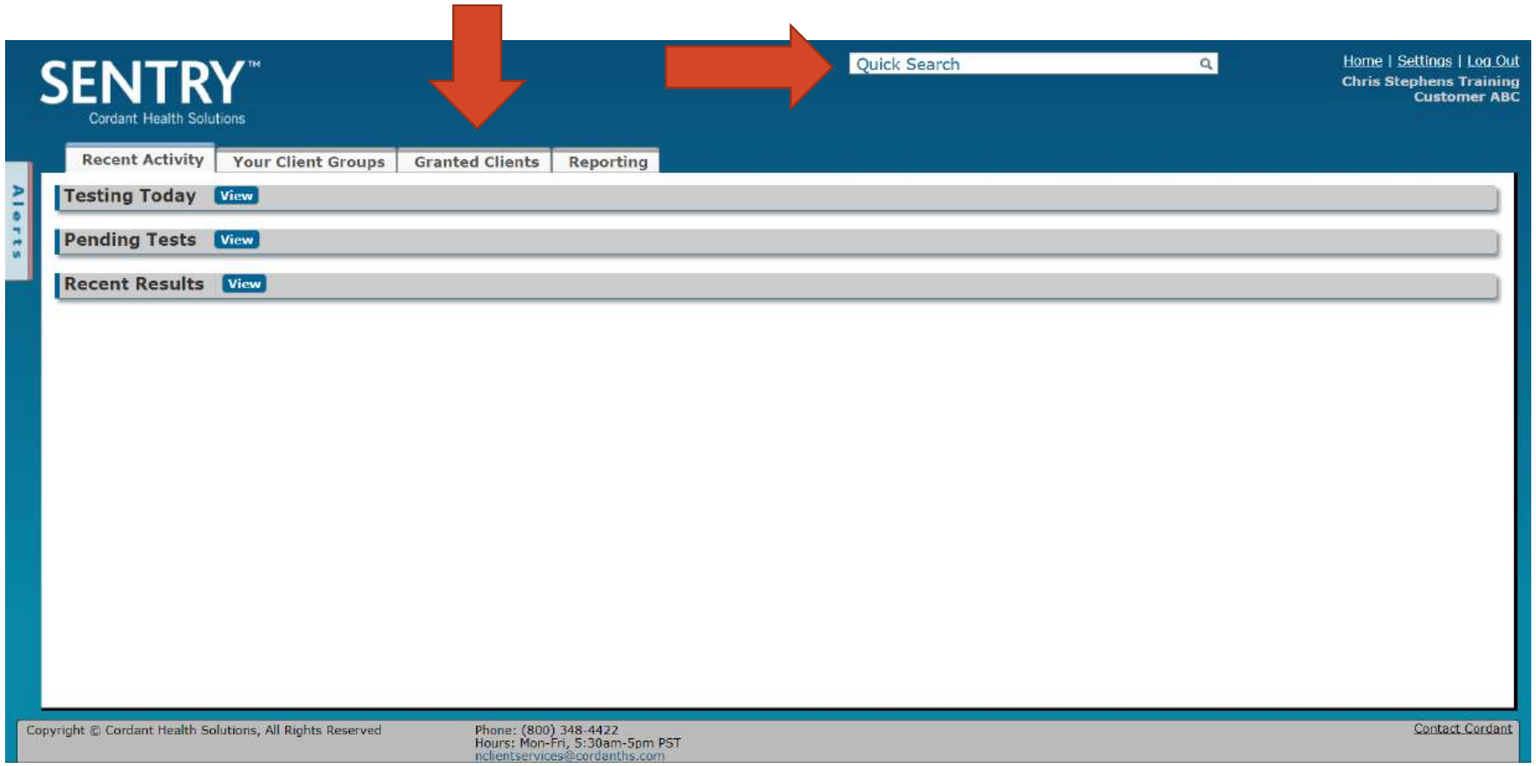


Primary Functions within Sentry for SUD Providers:

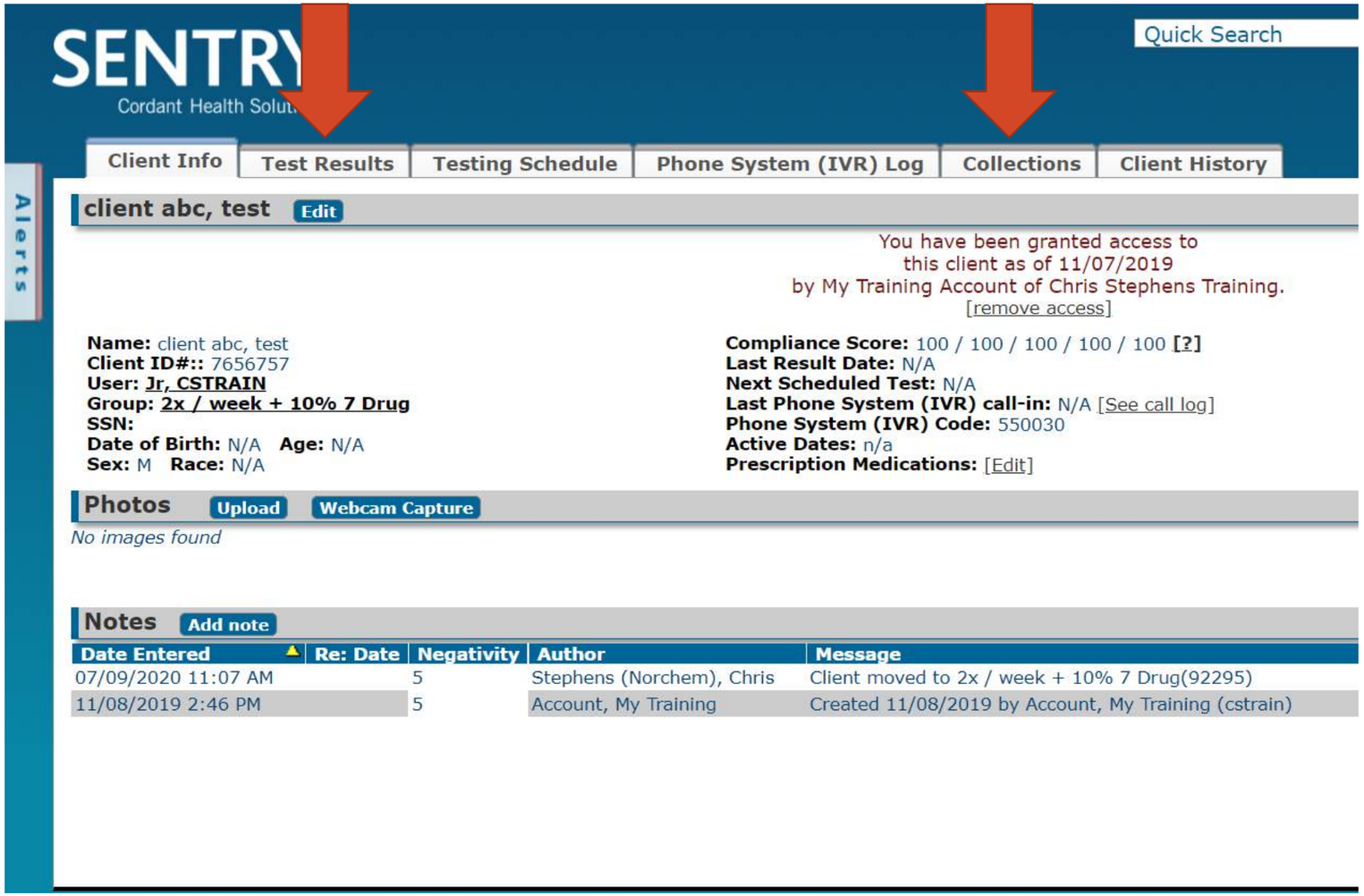
- ❖ View/download results
- ❖ Perform collections

FINDING THE DCS CLIENT IN SENTRY

- **There are two ways to find the DCS client:**
  1. Type the name of the client in the quick search box
  2. Click on the “Granted Clients” tab. All DCS clients that you have access to will be included on the Granted Access tab.
- **If you cannot find the client, please call our referral management team.**
  - The referral management team will need to verify that we have actually received the referral.
  - *Important note: Cordant will only receive the drug testing referral after you have accepted the treatment referral*



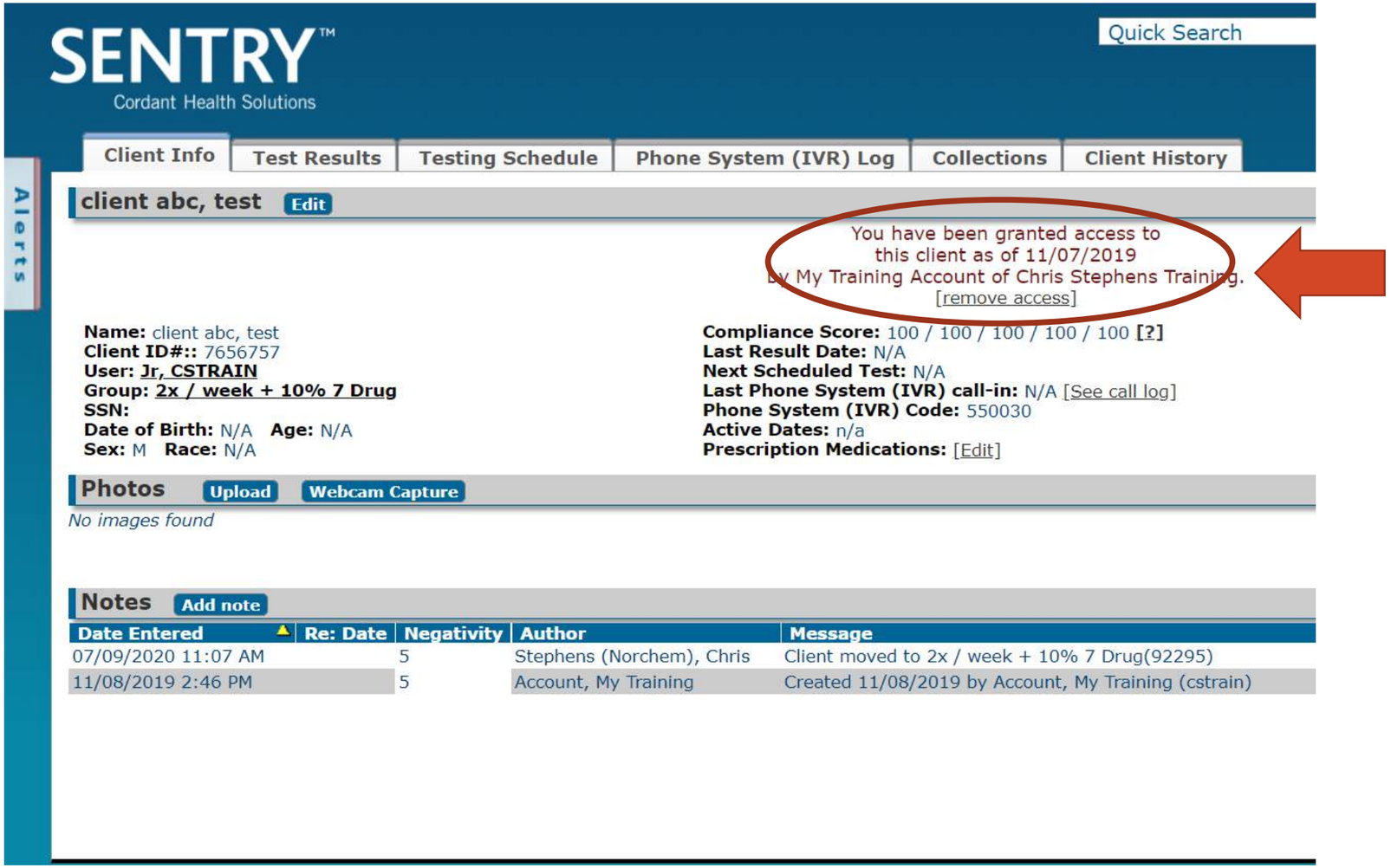
CLIENT PROFILE IN SENTRY



- Once you click on the client's name, the client's profile in Sentry will pull up.
- All of the tabs that are displayed across the top of the screen relate to this specific client.
- The two primary tabs that will be utilized are the Test Results tab and the Collections tab (highlighted with the RED arrows)

THE ABILITY TO REMOVE GRANTS TO REDUCE CLUTTER

OPTIONAL FEATURE

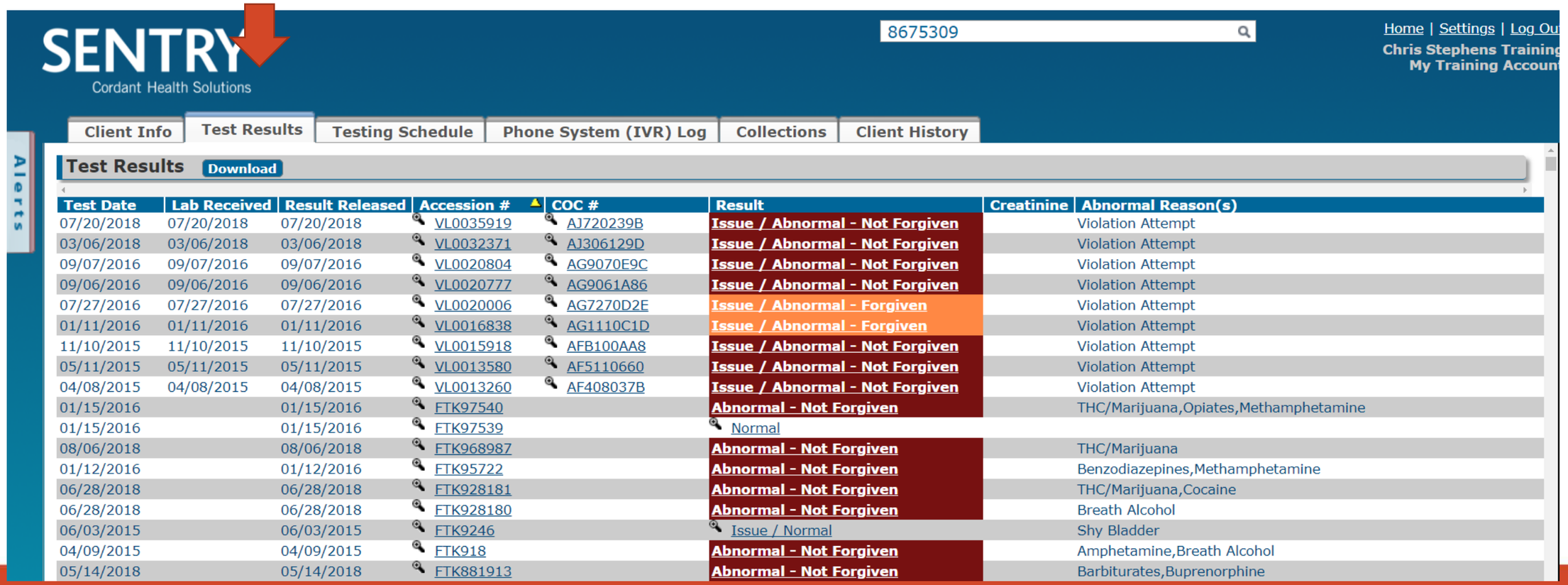


- The referral received by Cordant includes the parent name of the Treatment Provider
  - There could be multiple locations for the provider
  - Access to the DCS client will be granted to all log-ins for the SUD Provider.

- An individual location can click on the “remove access” button to remove clients that are not being treated at that particular location.
  - The “remove grant” feature would only apply to the specific log-in that is removing the grant.

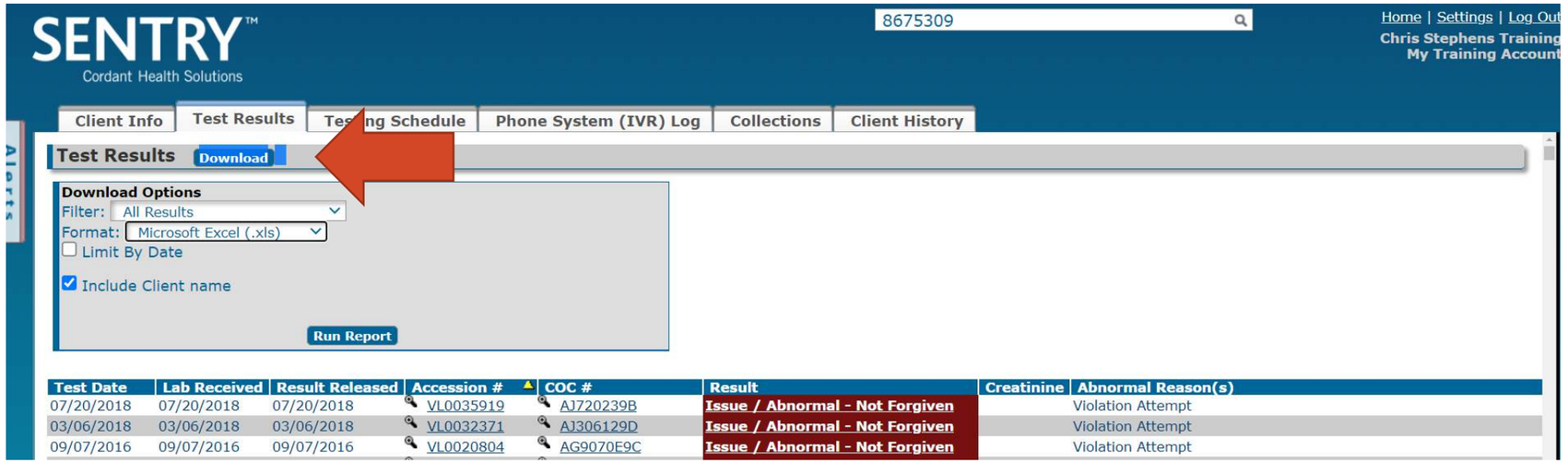
TEST RESULTS

- The “Test Results” tab will provide you with all results for the DCS client that you have access to.
- Click on the hyper link in the “Accession #” column to view the final result report
- You can also view the completed COC form by clicking on that hyper link.
- The data can be sorted by clicking on any of the column headers.
- ***Important note: Cordant will also provide ALL TEST RESULTS to Indiana DCS.***



Test Date	Lab Received	Result Released	Accession #	COC #	Result	Creatinine	Abnormal Reason(s)
07/20/2018	07/20/2018	07/20/2018	VL0035919	AJ720239B	Issue / Abnormal - Not Forgiven		Violation Attempt
03/06/2018	03/06/2018	03/06/2018	VL0032371	AJ306129D	Issue / Abnormal - Not Forgiven		Violation Attempt
09/07/2016	09/07/2016	09/07/2016	VL0020804	AG9070E9C	Issue / Abnormal - Not Forgiven		Violation Attempt
09/06/2016	09/06/2016	09/06/2016	VL0020777	AG9061A86	Issue / Abnormal - Not Forgiven		Violation Attempt
07/27/2016	07/27/2016	07/27/2016	VL0020006	AG7270D2E	Issue / Abnormal - Forgiven		Violation Attempt
01/11/2016	01/11/2016	01/11/2016	VL0016838	AG1110C1D	Issue / Abnormal - Forgiven		Violation Attempt
11/10/2015	11/10/2015	11/10/2015	VL0015918	AFB100AA8	Issue / Abnormal - Not Forgiven		Violation Attempt
05/11/2015	05/11/2015	05/11/2015	VL0013580	AF5110660	Issue / Abnormal - Not Forgiven		Violation Attempt
04/08/2015	04/08/2015	04/08/2015	VL0013260	AF408037B	Issue / Abnormal - Not Forgiven		Violation Attempt
01/15/2016		01/15/2016	FTK97540		Abnormal - Not Forgiven		THC/Marijuana,Opiates,Methamphetamine
01/15/2016		01/15/2016	FTK97539		Normal		
08/06/2018		08/06/2018	FTK968987		Abnormal - Not Forgiven		THC/Marijuana
01/12/2016		01/12/2016	FTK95722		Abnormal - Not Forgiven		Benzodiazepines,Methamphetamine
06/28/2018		06/28/2018	FTK928181		Abnormal - Not Forgiven		THC/Marijuana,Cocaine
06/28/2018		06/28/2018	FTK928180		Abnormal - Not Forgiven		Breath Alcohol
06/03/2015		06/03/2015	FTK9246		Issue / Normal		Shy Bladder
04/09/2015		04/09/2015	FTK918		Abnormal - Not Forgiven		Amphetamine,Breath Alcohol
05/14/2018		05/14/2018	FTK881913		Abnormal - Not Forgiven		Barbiturates,Buprenorphine

DOWNLOAD TEST RESULTS FEATURE



- The download test results feature allows you to download results using a number of different formats for all OR a selection of results for the individual client.

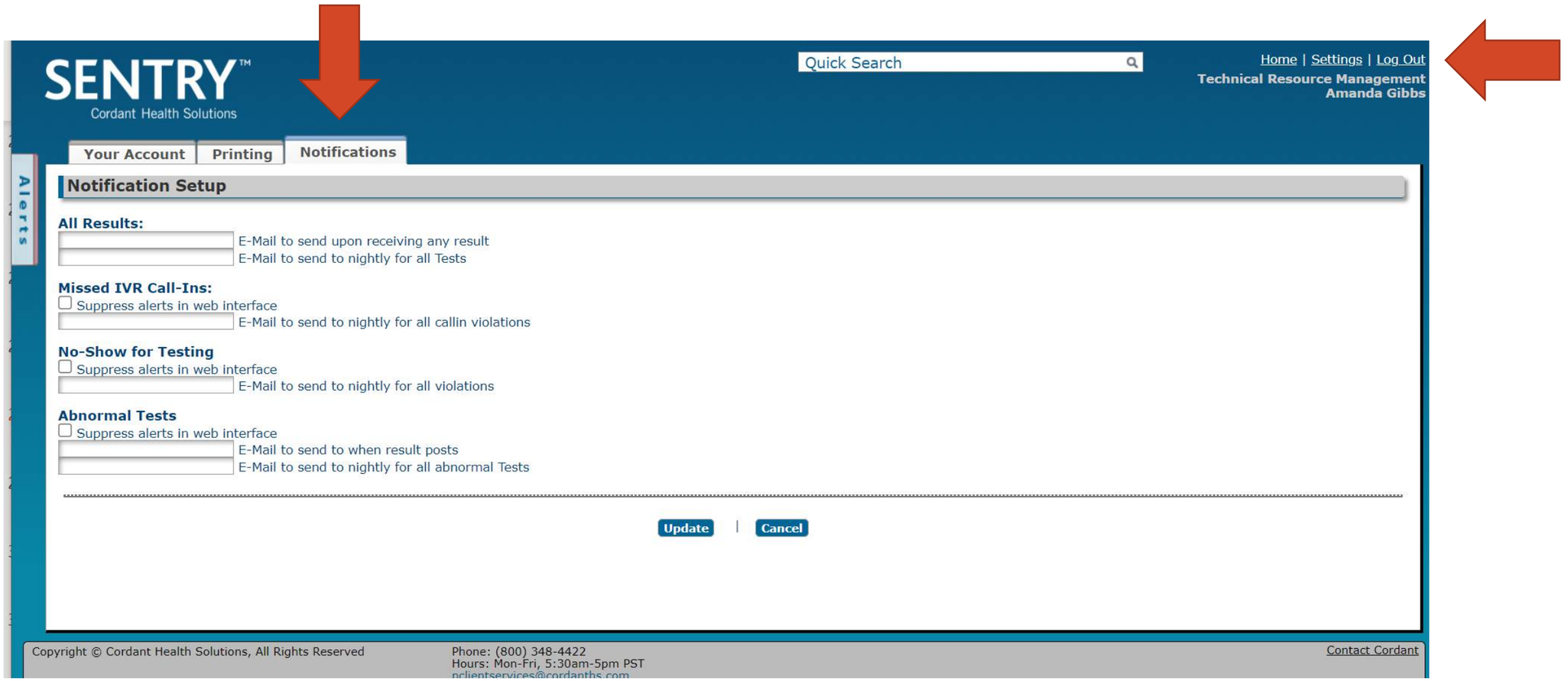
- If you download into a PDF format, you will receive a copy of the final result report and you have the option to include the Chain of Custody in the download.

Report Options:

Filter: All Results
Abnormal only
Normal Only
Select Individual tests

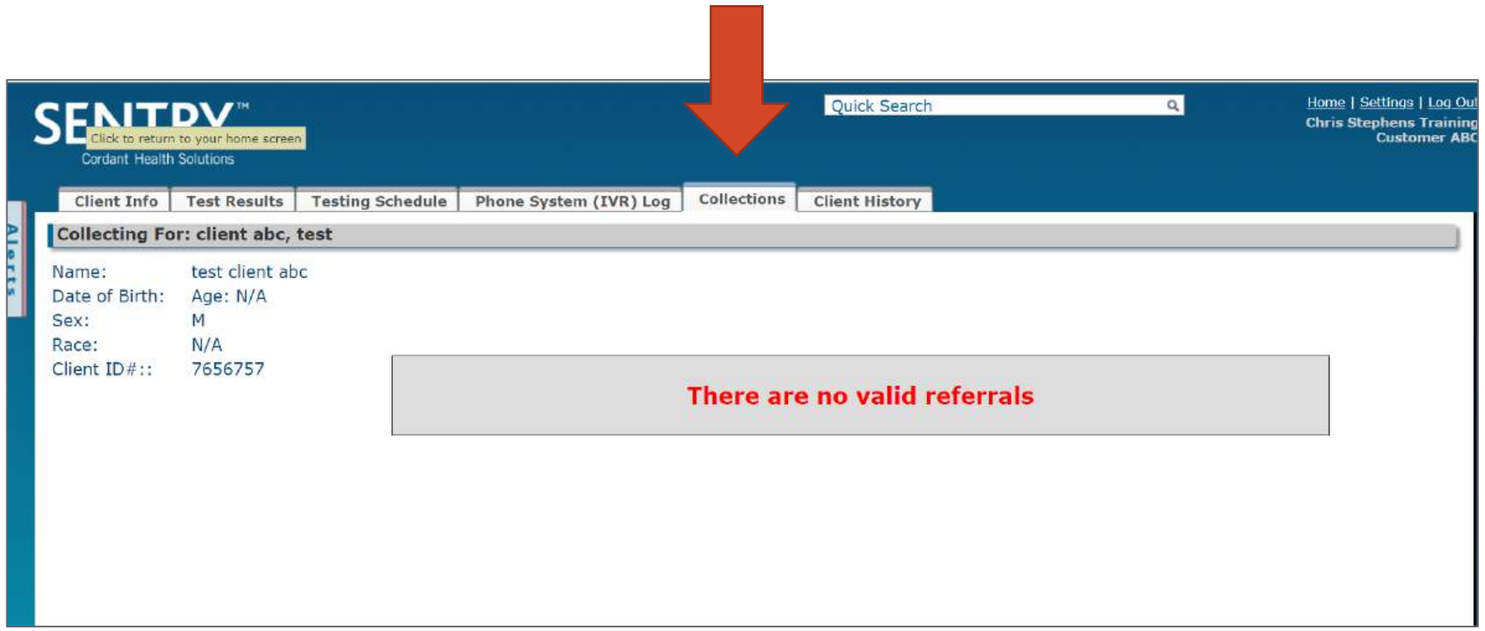
Format: Microsoft Excel (.xls)
Comma-delimited (.csv)
Pipe-delimited (.psv)
Adobe Acrobat (.pdf)

TEST RESULT EMAIL NOTIFICATIONS



Click on “Settings” and then the “Notifications” tab to set-up result notifications to be sent to a specific email address.

COLLECTIONS WILL ONLY BE ALLOWED WHEN THERE ARE VALID REFERRALS FROM INDIANA DCS



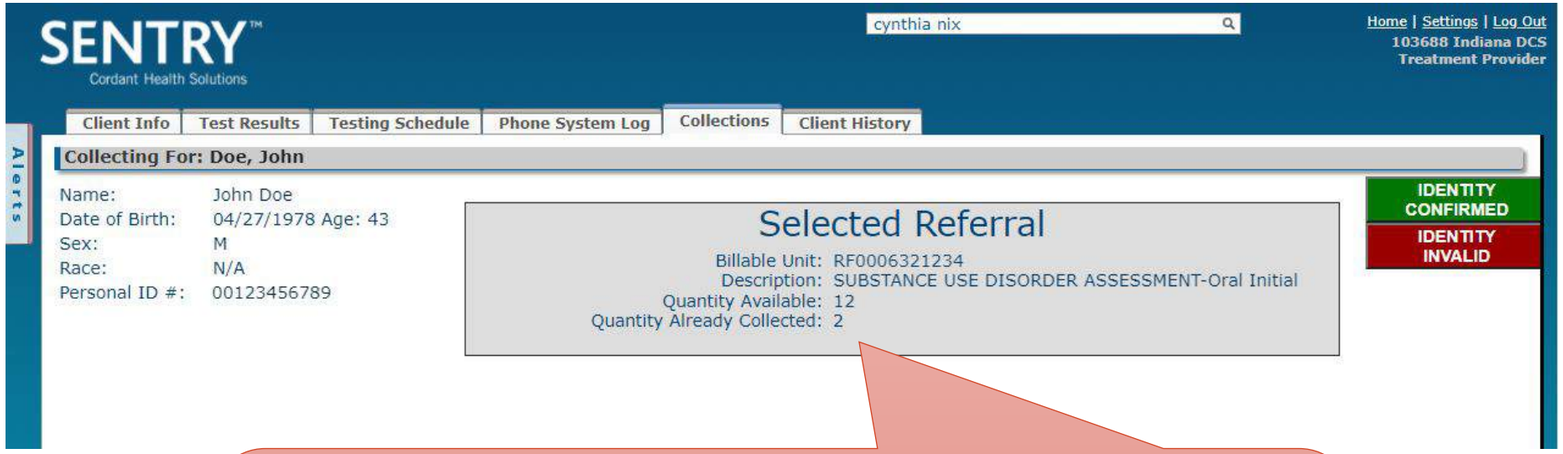
- If you see this box that there are no valid referrals, ***please contact the FCM***. This means that the referral was cancelled. The FCM will need to send a new referral for us to be able to provide drug testing services for the client.

- If there are no valid referrals, the system will not allow you to proceed through the collection process.

COLLECTION PROCESS
SINGLE REFERRAL EXAMPLE

- **SUD Providers will perform testing under one of two referral types:**
  - Substance Use Disorder Assessment
  - Substance Use Outpatient Treatment

- **Click on the "Identity Confirmed" button to proceed to the next step in the collection process.**

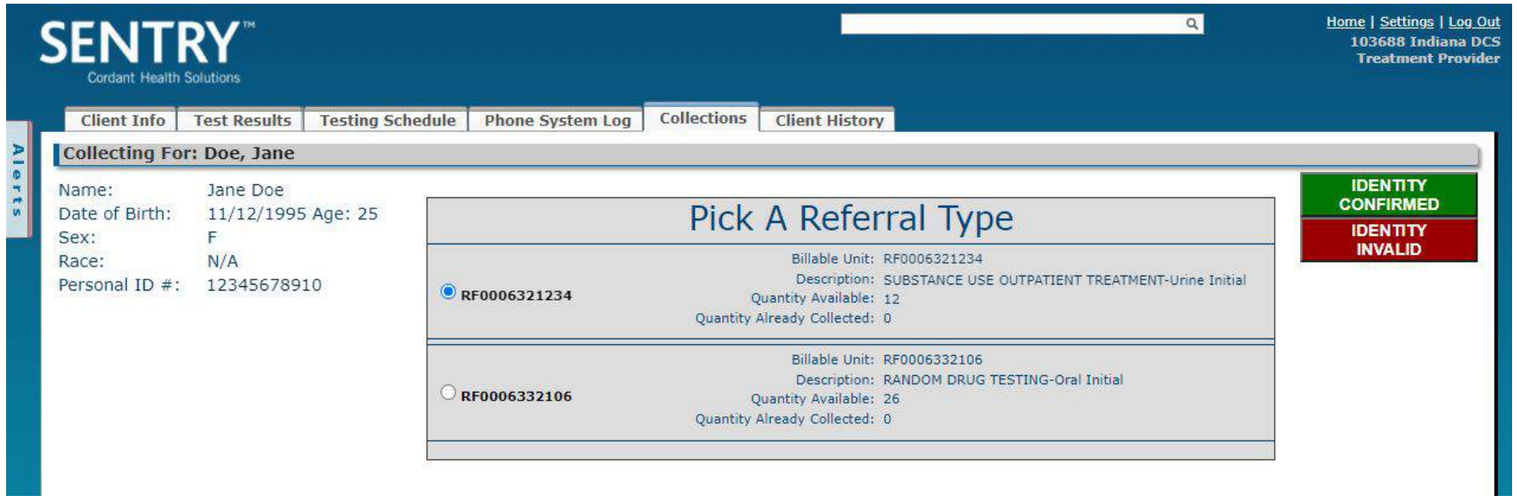


The number of drug testing units available on the referral and the number already collected will be displayed here.

If additional drug testing units are needed, please contact the FCM.

COLLECTION PROCESS

MULTIPLE REFERRAL EXAMPLE



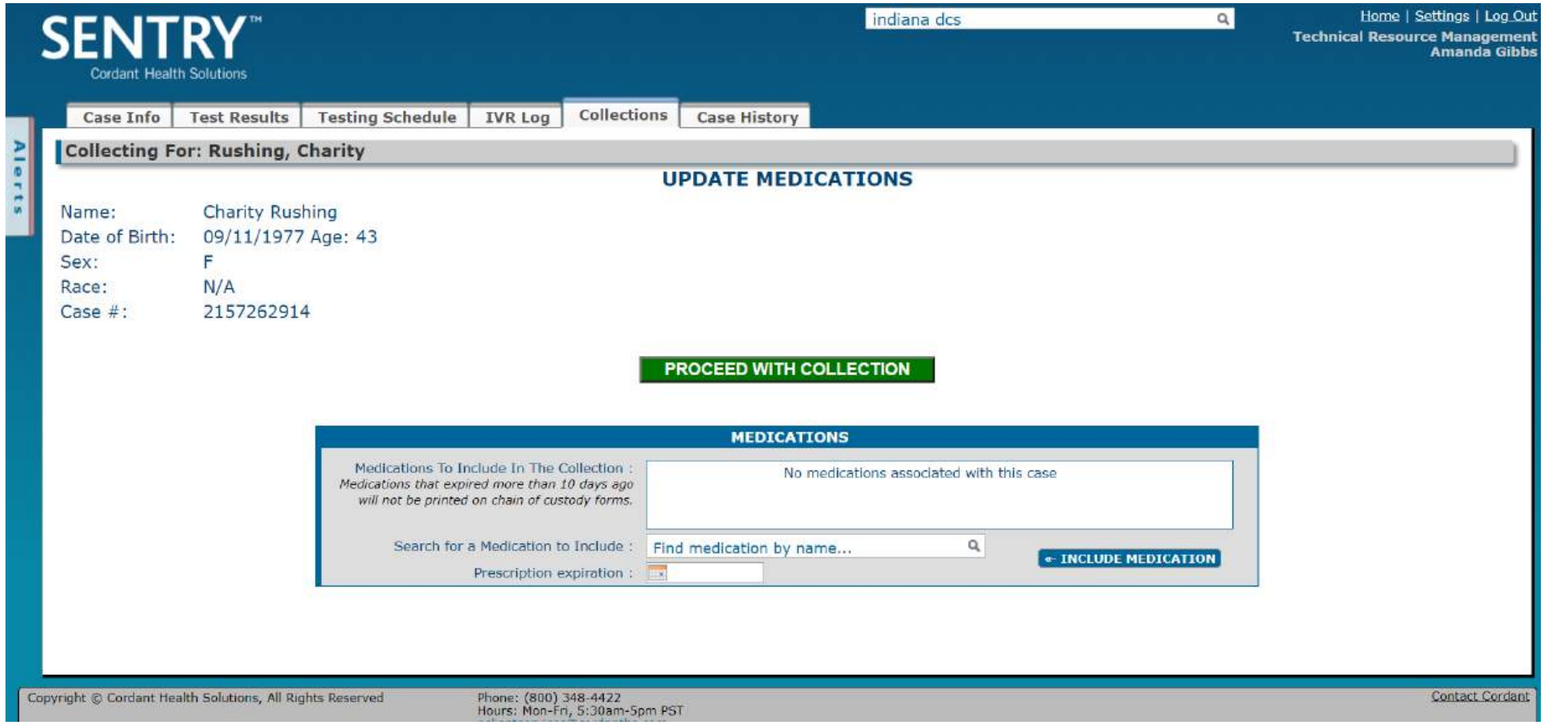
If there are multiple referrals for the DCS client, it is very important to choose either the SUBSTANCE USE DISORDER ASSESSMENT referral OR the SUBSTANCE USE OUTPATIENT TREATEMENT referral (as applicable) prior to selecting "identity confirmed."

COLLECTION PROCESS

UPDATE MEDICATIONS – OPTIONAL FEATURE

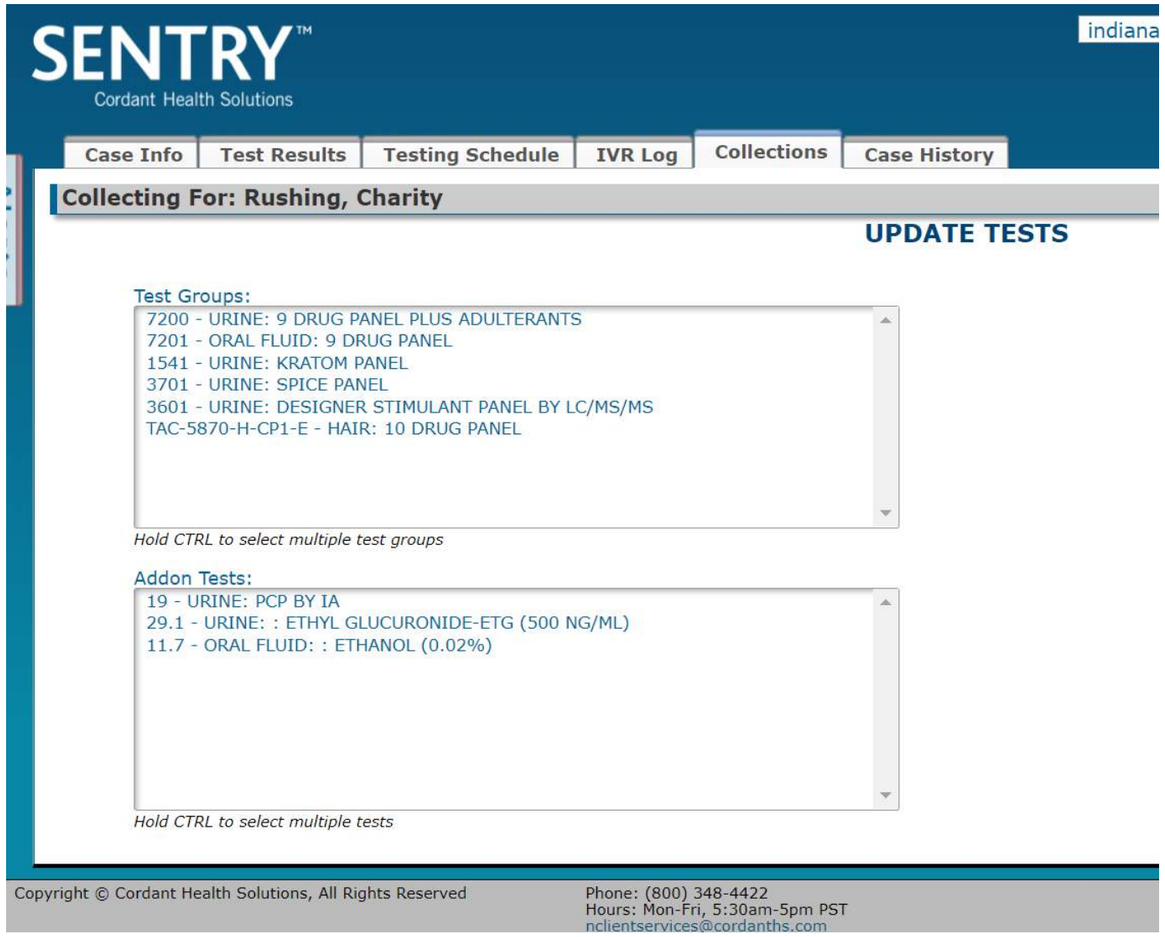
- You can choose to add medications that the client is taking. These medications will print on the Chain of Custody form.

- Click “Proceed with Collection” to move to the next screen.



COLLECTION PROCESS

SELECT TESTS TO BE ORDERED



- **Tests to be ordered are selected on this screen. Hold the CTRL button to select multiple tests.**
- **Two primary panels:**
  - 7200 – Urine: 9 drug panel plus adulterants
  - 7201 – Oral Fluid: 9 drug panel
- **Both of these panels include the following substances:**
  - Amphetamines/ Methamphetamines, Benzodiazepines, Buprenorphine, Cocaine, Cannabinoids, Fentanyl, Opiates, Oxycodone, and Tramadol.

AD-HOC/ADDITIONAL TEST REQUESTS

- The standard panel for both urine and oral fluid includes the following substances:

  Amphetamines/ Methamphetamines, Benzodiazepines, Buprenorphine, Cocaine, Cannabinoids, Fentanyl, Opiates, Oxycodone, and Tramadol.

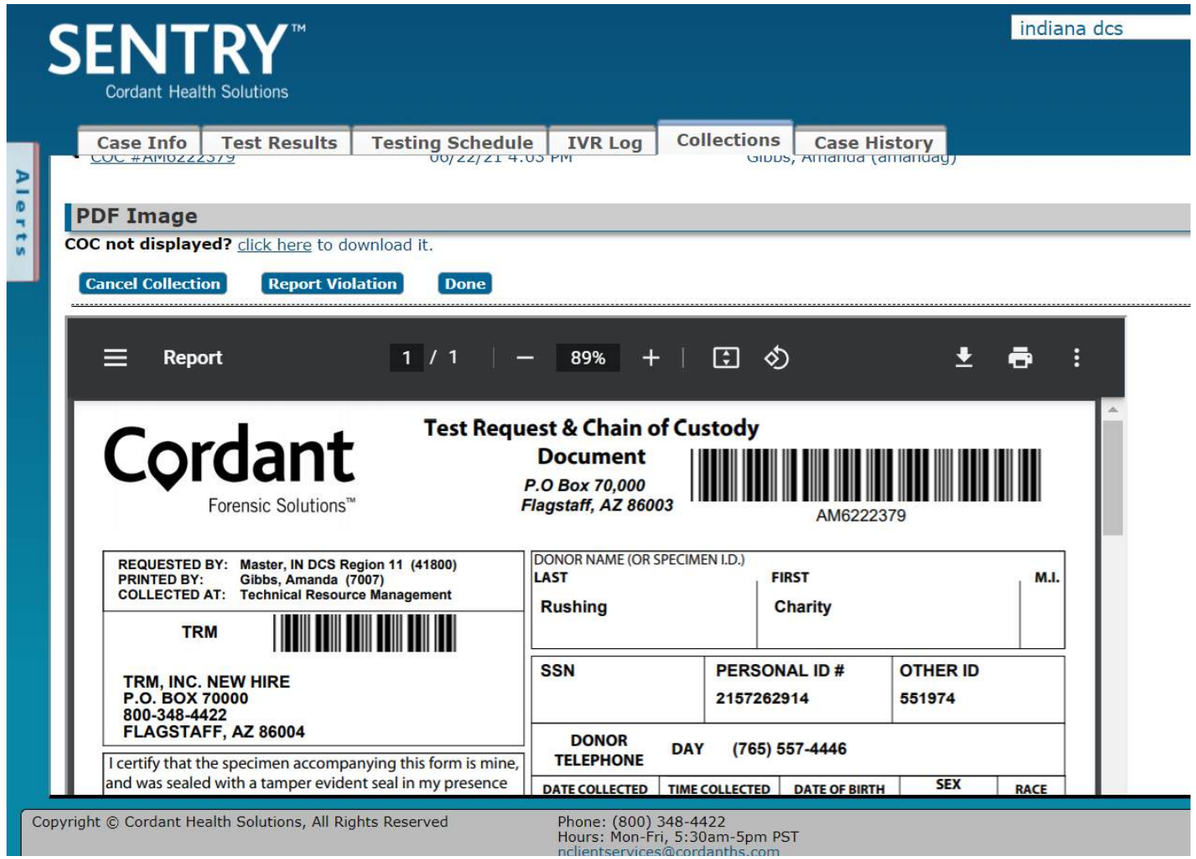
- Add-on substances that are included on the Cordant contract:

Urine		Oral Fluid
Alcohol (EtG)	Meperidine	Alcohol (Ethanol)
Methadone	Dextromethorphan	Methadone
PCP	Gabapentin	PCP
Barbiturates	Zolpidem	Barbiturates
Ecstasy	Spice	Ecstasy
EDDP (methadone metabolite)	Bath Salts	
6-AM (heroin metabolite)	Kratom	

If you need to test a substance that is not available for selection in Sentry, please contact Cordant so that the test selection can be added for future collections.

COLLECTION PROCESS

PRINT THE CHAIN OF CUSTODY FORM



Print the chain of custody and test request form on the specific paper that was sent to you. Place paper in tray and click print. The barcode should land on the security seal.

RESULT INTERPRETATION

URINE DRUG TESTING FINAL REPORT

Testing Results

Test	Result	Outcome	Cutoff	Notes
Screening Tests by IA				
URINE: Meth/Amphetamines		negative	1000 ng/ml	
URINE: Benzodiazepines		negative	300 ng/ml	
URINE: Cocaine		negative	300 ng/ml	
URINE: Methadone		SEE BELOW	300 ng/ml	
URINE: Opiates		SEE BELOW	300 ng/ml	
URINE: THC		negative	50 ng/ml	
URINE: Oxycodone		negative	300 ng/ml	
URINE: Ethyl Glucuronide-ETG		SEE BELOW	500 ng/ml	
URINE: Buprenorphine/Suboxone		negative	5 ng/ml	
URINE: Fentanyl		negative	2.0 ng/ml	
URINE: Soma/Carisoprodol		negative	100 ng/ml	
URINE: Gabapentin		negative	1000 ng/ml	
Confirmation Tests				
Methadone by LC/MS/MS				
URINE: Methadone metabolite	1020 ng/ml	**POSITIVE	300 ng/ml	
URINE: Methadone	1375 ng/ml	**POSITIVE	300 ng/ml	
Opiates by LC/MS/MS				
URINE: Codeine	Not Detected	negative	300 ng/ml	
URINE: Morphine	Not Detected	negative	300 ng/ml	
URINE: Hydrocodone	380 ng/ml	**POSITIVE	300 ng/ml	
URINE: Hydromorphone	250 ng/ml	Detected	300 ng/ml	• Results consistent with Hydrocodone use. • Detected (drug fingerprint confirmed) above the laboratory limit of quantitation.
URINE: Oxycodone	Not Detected	negative	300 ng/ml	
URINE: Oxymorphone	Not Detected	negative	300 ng/ml	
ETG/ETS by LC/MS/MS				
URINE: Ethyl Glucuronide	3354 ng/ml	**POSITIVE	500 ng/ml	
URINE: Ethyl Sulfate	2184 ng/ml	**POSITIVE	100 ng/ml	• ETG AND ETS INTERPRETIVE GUIDELINES: A) Negative for ETG and ETS means negative for alcohol consumption B) POSITIVE levels for ETG and ETS are consistent with alcohol consumption C) ETG negative or Unable to Confirm and ETS POSITIVE are consistent with alcohol consumption D) ETS negative, Not Detected and ETG POSITIVE may not indicate alcohol consumption.
Specimen Validity Tests				
Specimen Validity Panel				
URINE: Creatinine	47.0 mg/dl		20 mg/dl	
URINE: Basic Adulteration Check		normal		• Specimen checked for unusual color, physical characteristics and abnormal instrument response.

Cordant Health Solutions™

Flagstaff Lab	Denver Lab	Long Island Lab	Tacoma Lab	Worcester Lab
1760 E Route 66 Flagstaff, AZ 86004 855-895-8090	1701 Chambers Rd, Unit J Aurora, CO 80011 855-895-8090	789 Park Avenue Huntington, NY 11743 855-895-8090	2617 East L Street Tacoma, WA 98421 855-895-8090	415 Main Street, 4th Floor Worcester, MA 01608 855-895-8090

Specimen Information

Donor Name:		**Collected:**	04/09/2019 00:00:00
Donor DOB:		**Received:**	04/12/2019 12:06:57
Accession:		**Reported:**	04/15/2019 19:20:06
COC:		**Donor Other ID:**	
Type (Matrix):	Urine	**Donor Case:**	
Client Code:			
Client:			
Requested By:			

Test	Result	Outcome	Cutoff	Notes
Screening Tests by IA				
URINE: Meth/Amphetamines		negative	1000 ng/ml	
URINE: Benzodiazepines		SEE BELOW	300 ng/ml	
URINE: Cocaine		negative	300 ng/ml	
URINE: Methadone		negative	300 ng/ml	
URINE: Opiates		negative	300 ng/ml	
URINE: THC		negative	50 ng/ml	
URINE: Oxycodone		negative	300 ng/ml	
URINE: Ethyl Glucuronide-ETG		negative	500 ng/ml	• ETG negative screen suggests alcohol was not consumed.
URINE: Buprenorphine/Suboxone		negative	5 ng/ml	
URINE: Fentanyl		negative	2.0 ng/ml	
URINE: Soma/Carisoprodol		negative	100 ng/ml	
URINE: Gabapentin		negative	1000 ng/ml	
Confirmation Tests				
Benzodiazepines by LC/MS/MS				
URINE: Oxazepam	Not Detected	negative	100 ng/ml	
URINE: Nordiazepam	Not Detected	negative	100 ng/ml	
URINE: Temazepam	Not Detected	negative	100 ng/ml	
URINE: Lorazepam	Not Detected	negative	100 ng/ml	
URINE: Alprazolam-Metabolite	232 ng/ml	**POSITIVE	100 ng/ml	• Results consistent with Xanax (Alprazolam) use.

All important donor demographics entered on the chain of custody will be located here to the top left corner

Cordant Health Solutions™

Flagstaff Lab	Denver Lab	Long Island Lab	Tacoma Lab	Worcester Lab
1760 E Route 66 Flagstaff, AZ 86004 855-895-8090	1701 Chambers Rd, Unit J Aurora, CO 80011 855-895-8090	789 Park Avenue Huntington, NY 11743 855-895-8090	2617 East L Street Tacoma, WA 98421 855-895-8090	415 Main Street, 4th Floor Worcester, MA 01608 855-895-8090

Specimen Information

Donor Name:	**Collected:**	04/09/2019 00:00:00
Donor DOB:	**Received:**	04/12/2019 12:06:57
Accession:	**Reported:**	04/15/2019 19:20:06
COC:	**Donor Other ID:**	
Type (Matrix): Urine	**Donor Case:**	
Client Code:		
Client:		
Requested By:		

Testing Results

Test	Result	Outcome	Cutoff	Notes
Screening Tests by IA				
URINE: Meth/Amphetamines		negative	1000 ng/ml	
URINE: Benzodiazepines		SEE BELOW	300 ng/ml	
URINE: Cocaine		negative	300 ng/ml	
URINE: Methadone		negative	300 ng/ml	
URINE: Opiates		negative	300 ng/ml	
URINE: THC		negative	50 ng/ml	
URINE: Oxycodone		negative	300 ng/ml	
URINE: Ethyl Glucuronide-ETG		negative	500 ng/ml	• ETG negative screen suggests alcohol was not consumed.
URINE: Buprenorphine/Suboxone		negative	5 ng/ml	
URINE: Fentanyl		negative	2.0 ng/ml	
URINE: Soma/Carisoprod		negative	100 ng/ml	
URINE: Gabapentin		negative	1000 ng/ml	
Confirmation Tests				
Benzodiazepines by LC/MS/MS				
URINE: Oxazepam	Not Detected	negative	100 ng/ml	
URINE: Nordiazepam	Not Detected	negative	100 ng/ml	
URINE: Temazepam	Not Detected	negative	100 ng/ml	
URINE: Lorazepam	Not Detected	negative	100 ng/ml	
URINE: Alprazolam-Metabolite	232 ng/ml	**POSITIVE	100 ng/ml	• Results consistent with Xanax (Alprazolam) use.

- All screening information at top of result and grouped together at the drug class level
- Confirmation data, if performed, will be located at the bottom of the result
  - Each drug within drug class will be broken out
- Helpful additional interpretive comments located in the right column

Confirmation Tests				
Benzodiazepines by LC/MS/MS				
URINE: Oxazepam	Not Detected	negative	100 ng/ml	
URINE: Nordiazepam	Not Detected	negative	100 ng/ml	
URINE: Temazepam	Not Detected	negative	100 ng/ml	
URINE: Lorazepam	Not Detected	negative	100 ng/ml	
URINE: Alprazolam-Metabolite	232 ng/ml	**POSITIVE	100 ng/ml	• Results consistent with Xanax (Alprazolam) use.
URINE: Flurazepam-Metabolite	Not Detected	negative	100 ng/ml	
URINE: Clonazepam-Metabolite	Not Detected	negative	100 ng/ml	
URINE: Midazolam	Not Detected	negative	100 ng/ml	
URINE: Triazolam-Metabolite	Not Detected	negative	100 ng/ml	
Specimen Validity Tests				
Specimen Validity Panel				
URINE: Creatinine	26.5 mg/dl		20 mg/dl	
URINE: Basic Adulteration Check		normal		• Specimen checked for unusual color, physical characteristics and abnormal instrument response.

Additional Comments

- Testing performed at Cordant Forensic Solutions, 1760 E Route 66, P.O. Box 70000, Flagstaff, AZ 86004.
- Tests performed under CAP-FDT certification.
- Specimen received sealed and intact unless otherwise noted.
- CLIA #03D0936918, CAP-FDT #6913001
- Report Released By: KJM - B.S., Certifying Scientist.

Validity testing for urine located on the very bottom of the report

CHAIN OF CUSTODY ERROR NOTES

Requested By:

Testing Results

Test	Result	Outcome	Cutoff	Notes
Chain of Custody Faults				
No Donor INITIALS on SEAL		*		
No Donor SIGNATURE on COC		*		
No COLLECTOR Signature on COC		*		
Screening Tests by IA				
URINE: Meth/Amphetamines		SEE BELOW	1000 ng/ml	
URINE: Benzodiazepines		negative	300 ng/ml	
URINE: Cocaine		negative	300 ng/ml	
URINE: Methadone		negative	300 ng/ml	
URINE: Opiates		negative	300 ng/ml	
URINE: THC		negative	50 ng/ml	
URINE: Oxycodone		negative	300 ng/ml	
URINE: Ethyl Glucuronide-ETG		negative	500 ng/ml	• ETG negative screen suggests alcohol was not consumed.
URINE: Buprenorphine/Suboxone		SEE BELOW	5 ng/ml	

- Faults noted on results- documenting errors in the collection process and chain of custody issues
- Statistical reporting on collection faults and quality steps- prior to testing

DETECTED VS POSITIVE- CONFIRMATION TESTING

Confirmation Tests				
Methadone by LC/MS/MS				
URINE: Methadone metabolite	1020 ng/ml	**POSITIVE	300 ng/ml	
URINE: Methadone	1375 ng/ml	**POSITIVE	300 ng/ml	
Opiates by LC/MS/MS				
URINE: Codeine	Not Detected	negative	300 ng/ml	
URINE: Morphine	Not Detected	negative	300 ng/ml	
URINE: Hydrocodone	380 ng/ml	**POSITIVE	300 ng/ml	
URINE: Hydromorphone	250 ng/ml	Detected	300 ng/ml	• Results consistent with Hydrocodone use. • Detected (drug fingerprint confirmed) above the laboratory limit of quantitation.

Drug Class	LOQ ng/mL	Cut Off ng/mL
THC	3.5	15
Cocaine	12	150
Amp/Meth	75	250/500
Opiates	25	300
Benzodiazepines	25	100
Tramadol	50	100
Buprenorphine	3.75	5

Ex. 25-299 ng/mL → “Detected”

≥300 ng/mL → “Positive”

LOQ = Lowest limit of quantitation

Below the established “cut off” but still absolutely present confirming the presence of drug in the sample

ORAL FLUID DRUG TEST FINAL REPORT

Cordant Health Solutions™

Flagstaff Lab	Denver Lab	Long Island Lab	Tacoma Lab	Worcester Lab
1760 E Route 66 Flagstaff, AZ 86004 855-895-8090	1701 Chambers Rd, Unit J Aurora, CO 80011 855-895-8090	789 Park Avenue Huntington, NY 11743 855-895-8090	2617 East L Street Tacoma, WA 98421 855-895-8090	415 Main Street, 4th Floor Worcester, MA 01608 855-895-8090

Specimen Information

Donor Name:	DOE, JOHN	**Collected:**	10/01/2020 13:55:00
Donor DOB:	12/25/2000	**Received:**	10/01/2020 10:55:11
Accession:	0Z2000138	**Reported:**	10/01/2020 11:07:43
COC:	AJ563535DC	**Donor Other ID:**	
Type (Matrix):	Oral Fluid	**Donor Case:**	5465321
Client Code:	TRM		
Client:	TRM, INC. NEW HIRE		
Requested By:	JANE DOE		

Testing Results

Test	Result	Outcome	Cutoff	Notes
Screening Tests by IA				
ORAL FLUID: Ethanol		negative	0.02 %	
ORAL FLUID: Meth/Amphetamines(50 ng/ml)		**POSITIVE	50 ng/ml	
ORAL FLUID: Benzodiazepine		negative	20 ng/ml	
ORAL FLUID: Methadone		negative	50 ng/ml	
ORAL FLUID: Cannabinoids/THC		negative	4 ng/ml	
ORAL FLUID: Cocaine		negative	20 ng/ml	
ORAL FLUID: Opiates		negative	40 ng/ml	
ORAL FLUID: Buprenorphine		negative	5 ng/mL	
ORAL FLUID: PCP		**POSITIVE	10 ng/ml	
Confirmation Tests				
Meth/Amphetamine Oral Fluid by LC/MS/MS				
Amphetamine-OF	48 ng/ml	**POSITIVE	10 ng/ml	
Methamphetamine-OF	136 ng/ml	**POSITIVE	10 ng/ml	
MDA-OF		negative	10 ng/ml	
MDMA-OF		negative	10 ng/ml	
MDEA-OF		negative	10 ng/ml	
PCP Oral Fluid by LC/MS/MS				
PCP-OF	31.2 ng/ml	**POSITIVE	4 ng/ml	

Additional Comments

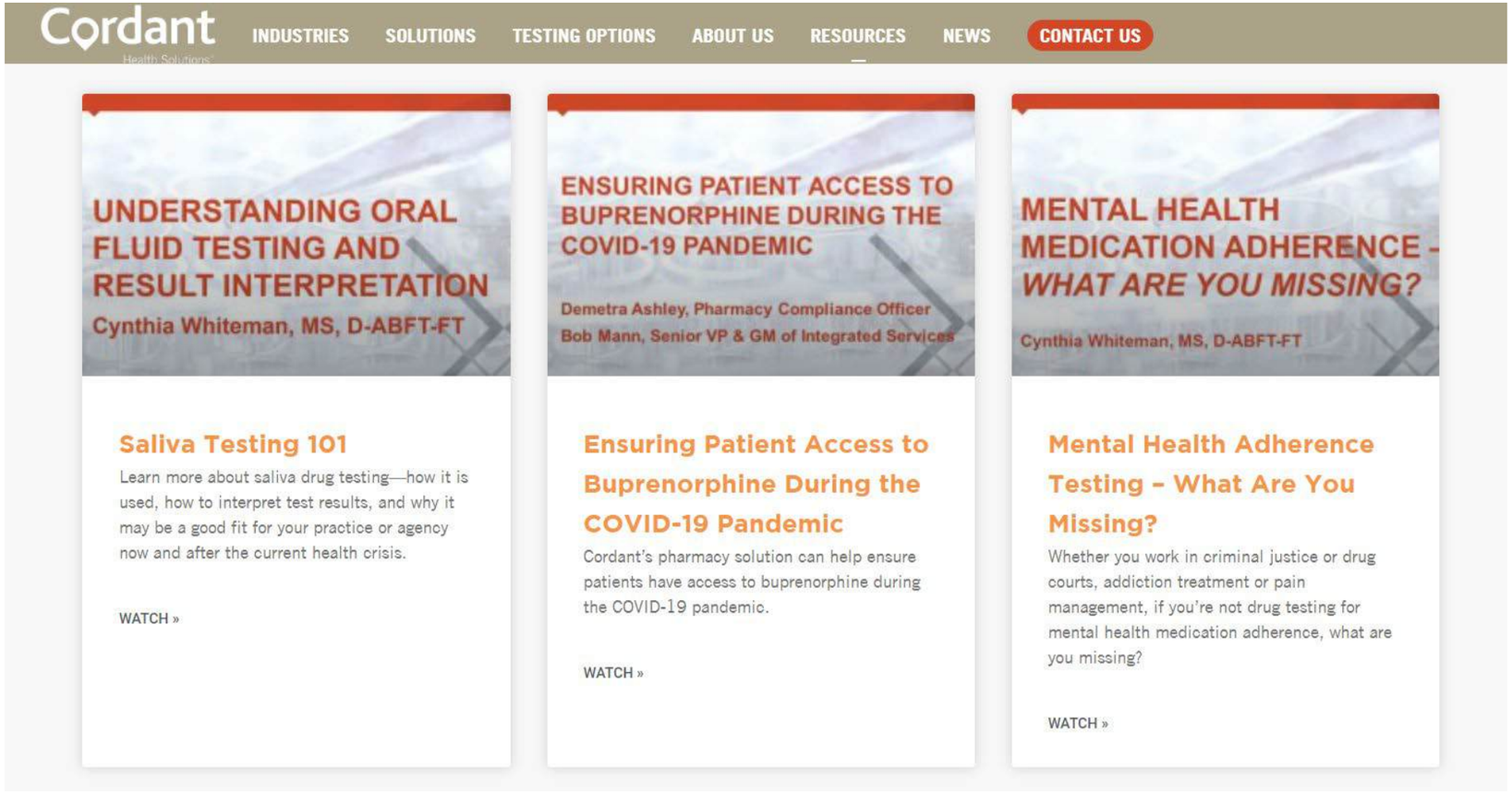
- Testing performed at Cordant Internal Accessions, , , , .
- Confirmation of a positive screen is recommended if legal action is anticipated.
- Specimen received sealed and intact unless otherwise noted.
- Report Released By: TJG - B.S., Certifying Scientist.

- Mostly parent drugs, not metabolites
- Lower cut offs than urine
- Very recent use (1-3 days)

RESOURCES

TRAINING OPPORTUNITIES

- Visit our website for recorded trainings and webinars
  - Sign up for alerts to future live webinars available to the public
- Visit us on Youtube for quick 2–3-minute short trainings on most frequently asked questions



https://cordantsolutions.com/cordant-videos/

"I love all of the Webinars, this is the only trusted place I can get training for my job. Please do more!"

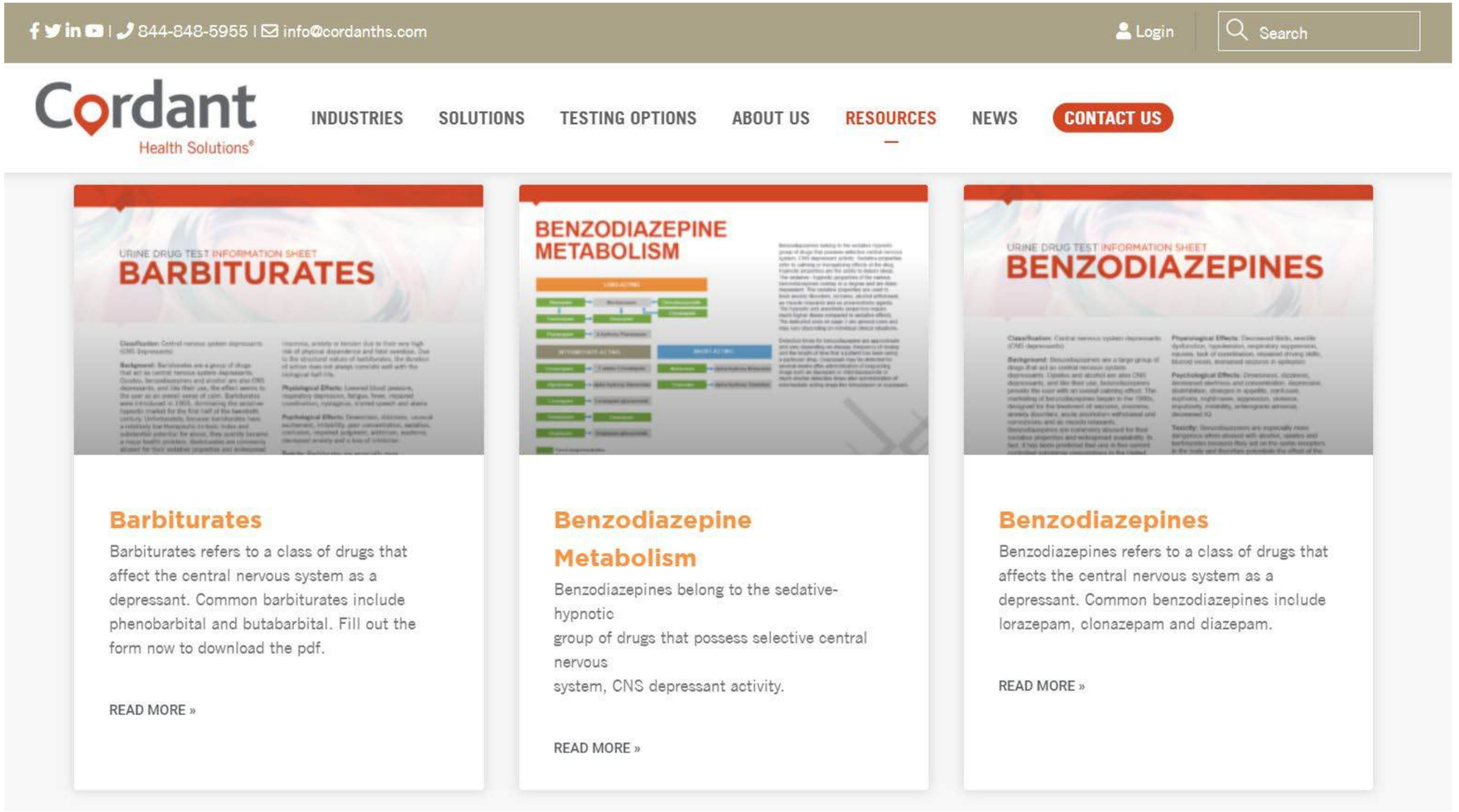
"These are great and very informational."

"All information related to drug screen collection/interpretation is useful and the more recent the better!"

EDUCATIONAL RESOURCES

Cordant's Drug Resource Library

- One pagers on each drug class
- Interpretation charts
- Detection window chart



https://cordantsolutions.com/drug-education-resource-library/

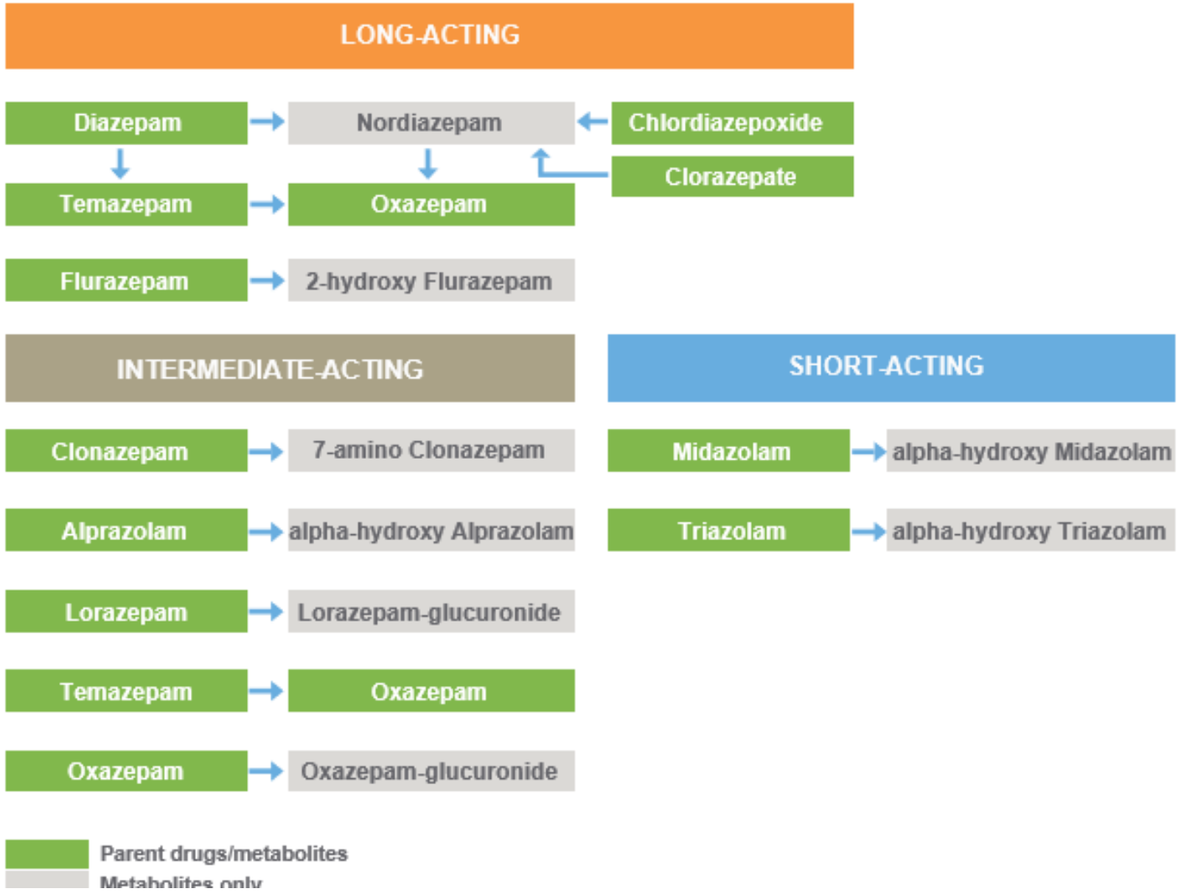
DRUG DETECTION TIMES

Drug Class and Drug	Common Prescription and Brand Name(s)	Drug(s) Detected	Predicted Maximum Detection Times (Days)	
Alcohol/Alcohol Biomarkers			**Urine**	**Oral Fluid**
Alcohol	N/A	Ethyl Alcohol	<1	<1
Alcohol Biomarkers	N/A	Ethyl Glucuronide/Ethyl Sulfate	1-3	<1
Amphetamines/Stimulants			**Urine**	**Oral Fluid**
Amphetamine/ Dextroamphetamine	Adderall, Benzedrine, Dexedrine	Amphetamine	1-5	1-2
Methamphetamine	Desoxyn, Metabolite of Didrex, Select Generic Medicated Vapor Inhalers	Amphetamine*, Methamphetamine	1-5	1-3
Methylphenidate	Concerta, Daytrana, Focalin, Metadate, Methylin, Ritalin	Methylphenidate, Ritalinic Acid*	1-2	1
Antianxiety/Benzodiazepines			**Urine**	**Oral Fluid**
Alprazolam	Xanax	Alpha-Hydroxyalprazolam*, Alprazolam	1-4	1-2
Chlordiazepoxide	Librium	Nordiazepam*, Oxazepam*	1-10	1-2
Clonazepam	Klonopin	7-Aminoclonazepam*, Clonazepam	1-4	1-2
Diazepam	Valium	Diazepam, Nordiazepam*, Oxazepam*, Temazepam*	1-7	1-2
Lorazepam	Ativan	Lorazepam	1-7	1-2
Oxazepam	Serax	Oxazepam	1-7	1-2
Temazepam	Restoril	Oxazepam*, Temazepam	1-4	1-2
Anticonvulsants/Antiepileptics			**Urine**	**Oral Fluid**
Gabapentin	Gralise, Neurontin	Gabapentin	1-4	1-2
Pregabalin	Lyrica	Pregabalin	1-4	1-2

Drug Detection Chart provides helpful cross reference for testing information

- Drug and Drug Class
- Common Brand and Prescription Names
- Drugs/Metabolites Detected In Our Testing
- Average Maximum Detection Window for each drug in Urine and/or Oral fluid

BENZODIAZEPINE METABOLISM



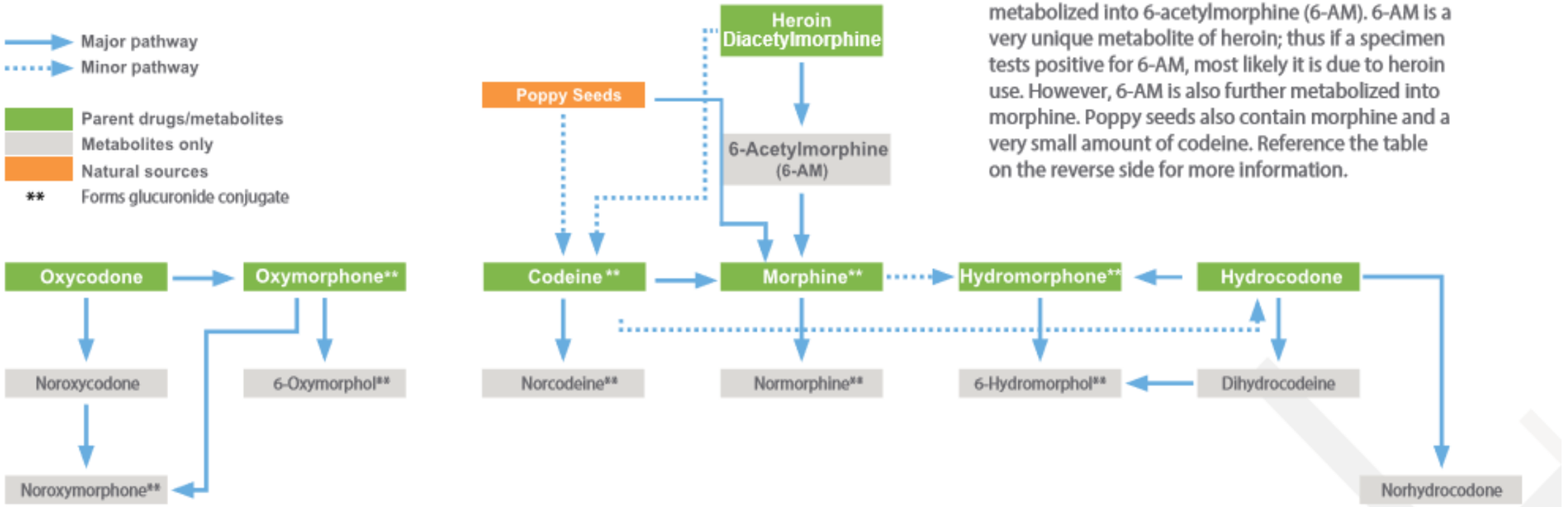
Benzodiazepines belong to the sedative-hypnotic group of drugs that possess selective CNS depressant activity. Sedative properties refer to calming or tranquilizing effects of the drug. Hypnotic properties are the ability to induce sleep. The sedative - hypnotic properties of the various benzodiazepines overlap to a degree and are dose-dependent. The sedative properties are used to treat anxiety disorders, seizures, alcohol withdrawal, as muscle relaxants and as preanesthetic agents. The hypnotic and anesthetic properties require much higher doses compared to sedative effects. The indicated uses on page 2 are general uses and may vary depending on individual clinical situations.

Detection times for benzodiazepine are approximate and vary depending on dosage, frequency of dosing and the length of time that a patient has been using a particular drug. Oxazepam may be detected for several weeks after administration of long-acting drugs such as diazepam or chlordiazepoxide or much shorter detection times after administration of intermediate-acting drugs like temazepam or oxazepam.

OPIOID METABOLISM

This reference chart details the metabolism of several key opioids to aid in the interpretation of toxicology testing results. An arrow pointing towards a specific drug/metabolite indicates a potential source, while an arrow pointing away from a specific drug/metabolite indicates a metabolic product.

For example, pharmaceutical morphine, codeine, heroin and poppy seeds are all possible sources of a morphine positive test result. Approximately 15-20% of codeine is metabolized into morphine. Heroin itself has an extremely short half life; it is metabolized into 6-acetylmorphine (6-AM). 6-AM is a very unique metabolite of heroin; thus if a specimen tests positive for 6-AM, most likely it is due to heroin use. However, 6-AM is also further metabolized into morphine. Poppy seeds also contain morphine and a very small amount of codeine. Reference the table on the reverse side for more information.



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