DCS ADMINISTERED TESTING

Cordant Health Solutions®

AGENDA

- Changes in DCS Process
- Who is Cordant Health Solutions?
- FCM Administered Drug Screen Referrals
- Oral Fluid Collection
- Chain of Custody- Test Ordering
- Instant Device Oral Fluid Collection
- Result Matching
- Additional Resources

IN DCS SPECIFIC CHANGES IN OUR PROCESSES

OVERALL CHANGES IN SUBSTANCE ABUSE SCREEINING

- Moving from 2 Vendors to 1 vendor
- All results from substance abuse screens returned to DCS

DCS ADMINISTERED SCREENS

- Referral for DCS Administered Testing
- Instant Oral screens
- Transition of clients to Cordant

CORDANT ADMINISTERED SCREENS

- New client Orientation- Documentation
- Client requirement to call-in daily
- Clinic Collections

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

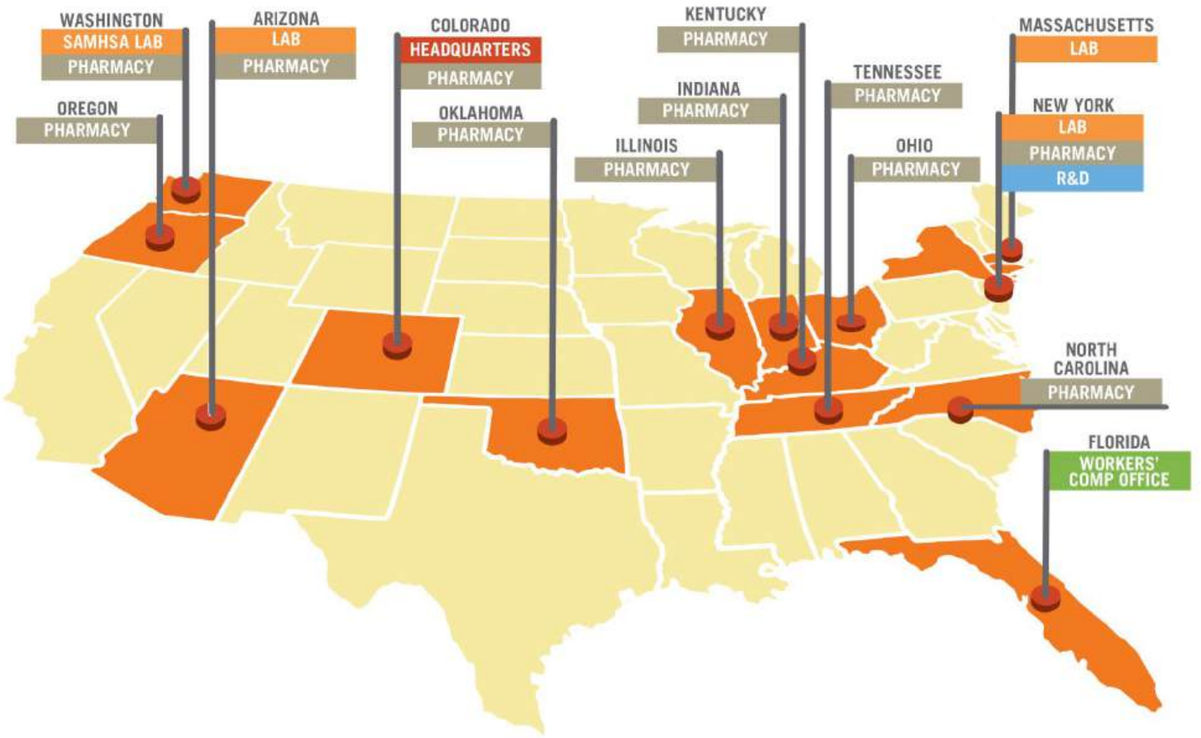
LEADER IN QUALITY

- **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

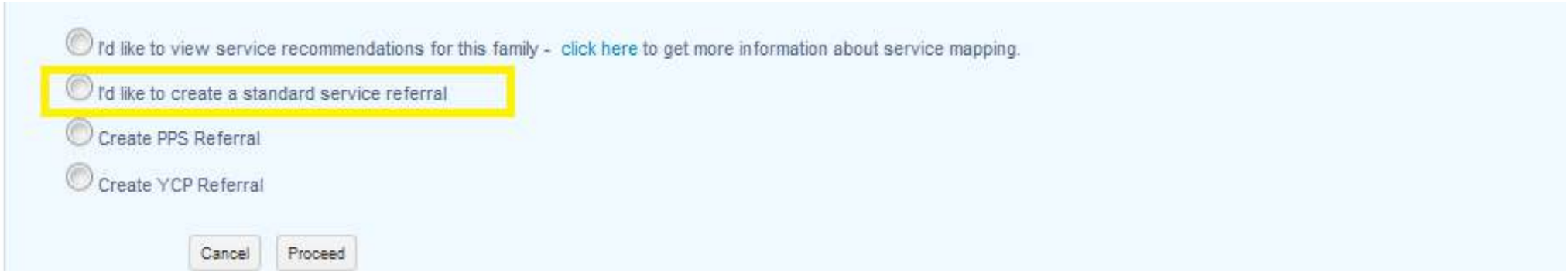


SAMHSA Substance Abuse and Mental Health Services Administration | CLIA Clinical Laboratory Improvement Amendments | CAP ACCREDITED College of American Pathologists | DHCS Medi-Cal

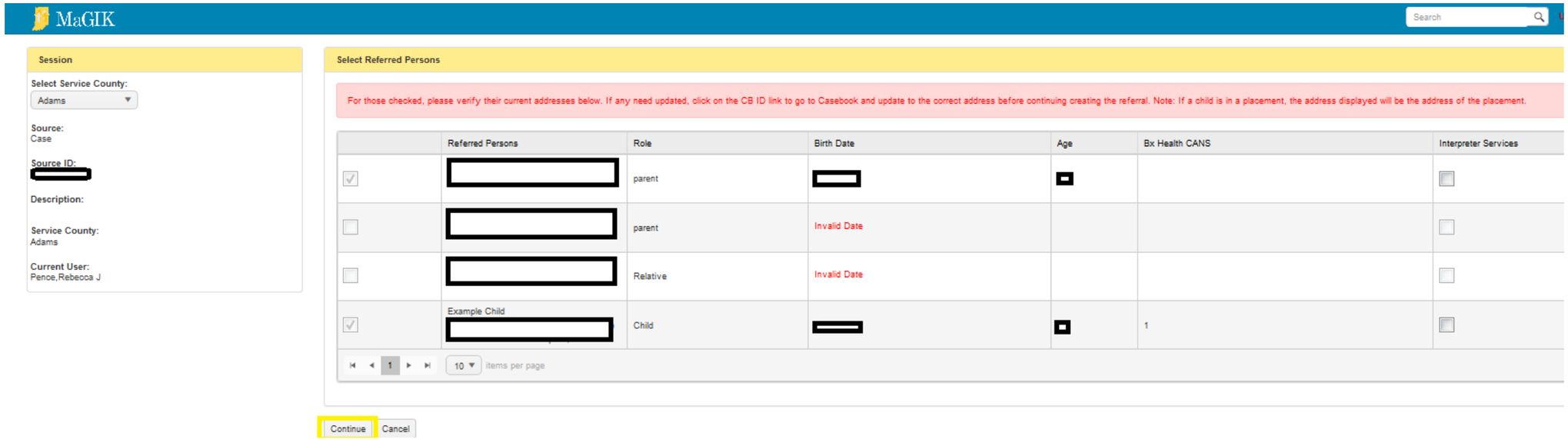
Laboratory Services Available Nationally Pharmacy Services Available Regionally

FCM ADMINISTERED DRUG SCREEN REFERRALS

FCM ADMINISTERED DRUG SCREENS

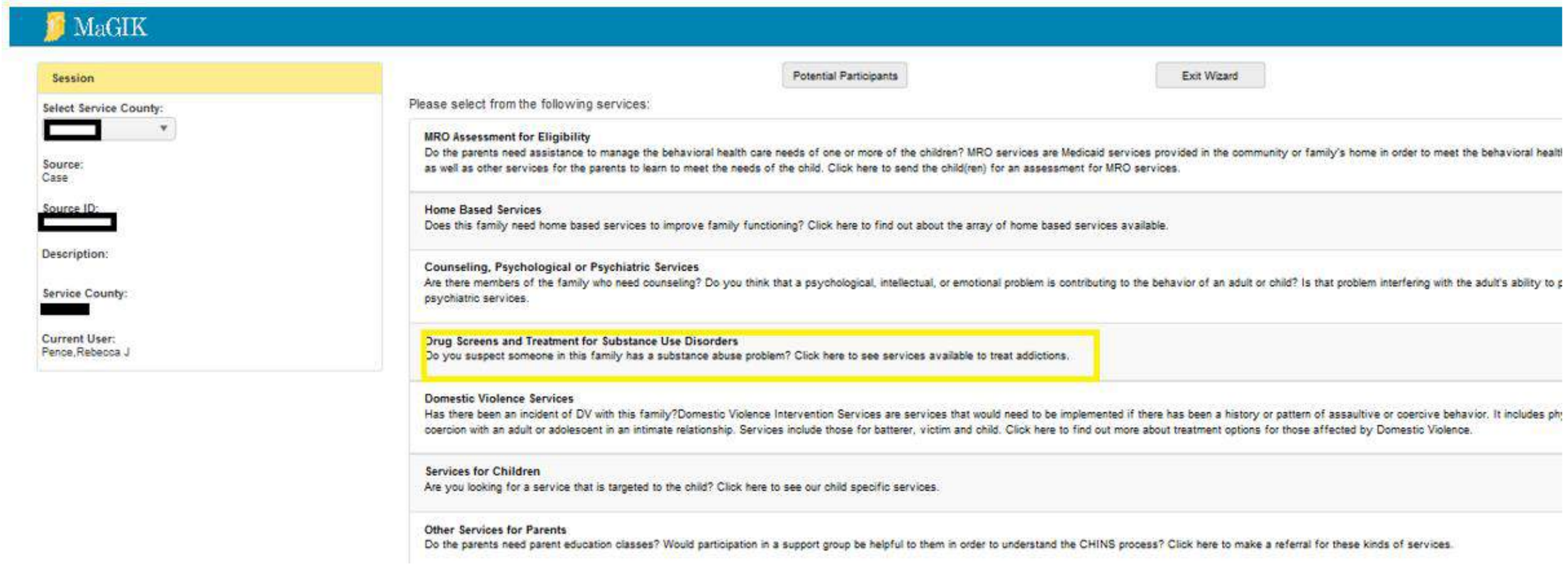


- FCM administered screen is a **standard service referral**

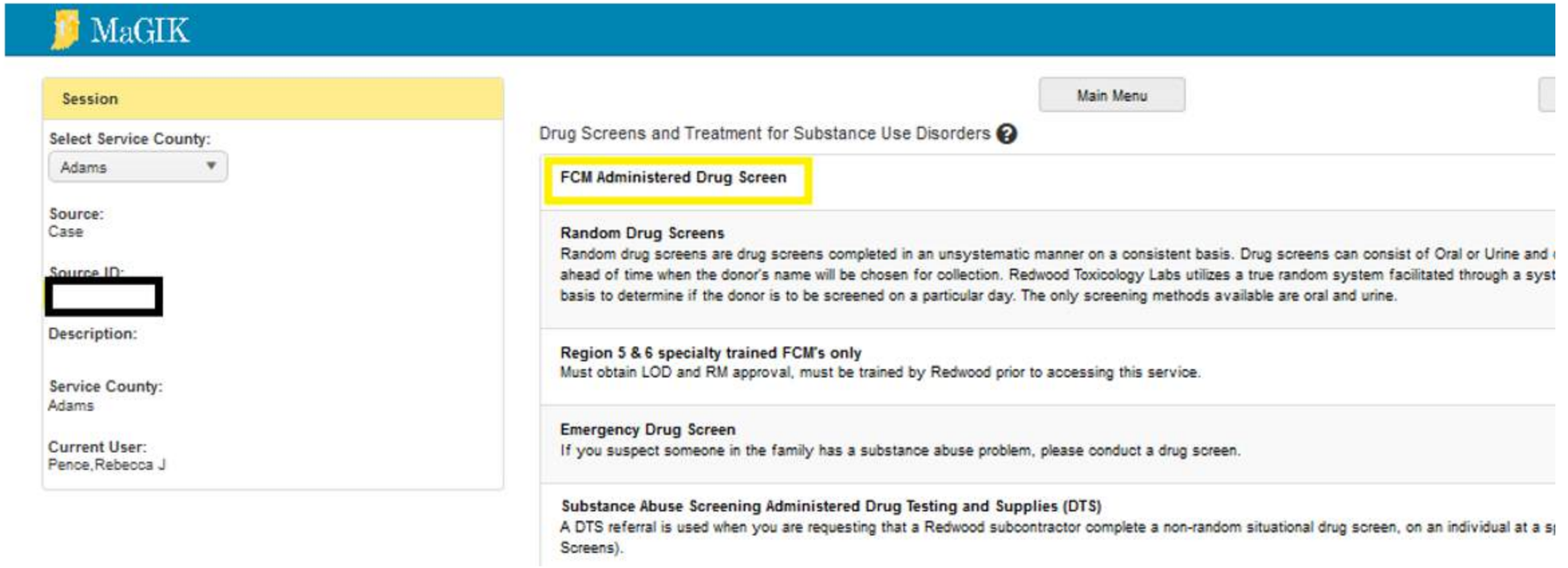


FCM ADMINISTERED DRUG SCREENS

- When creating referral select: **Drug Screens and Treatment for Substance Use Disorders**



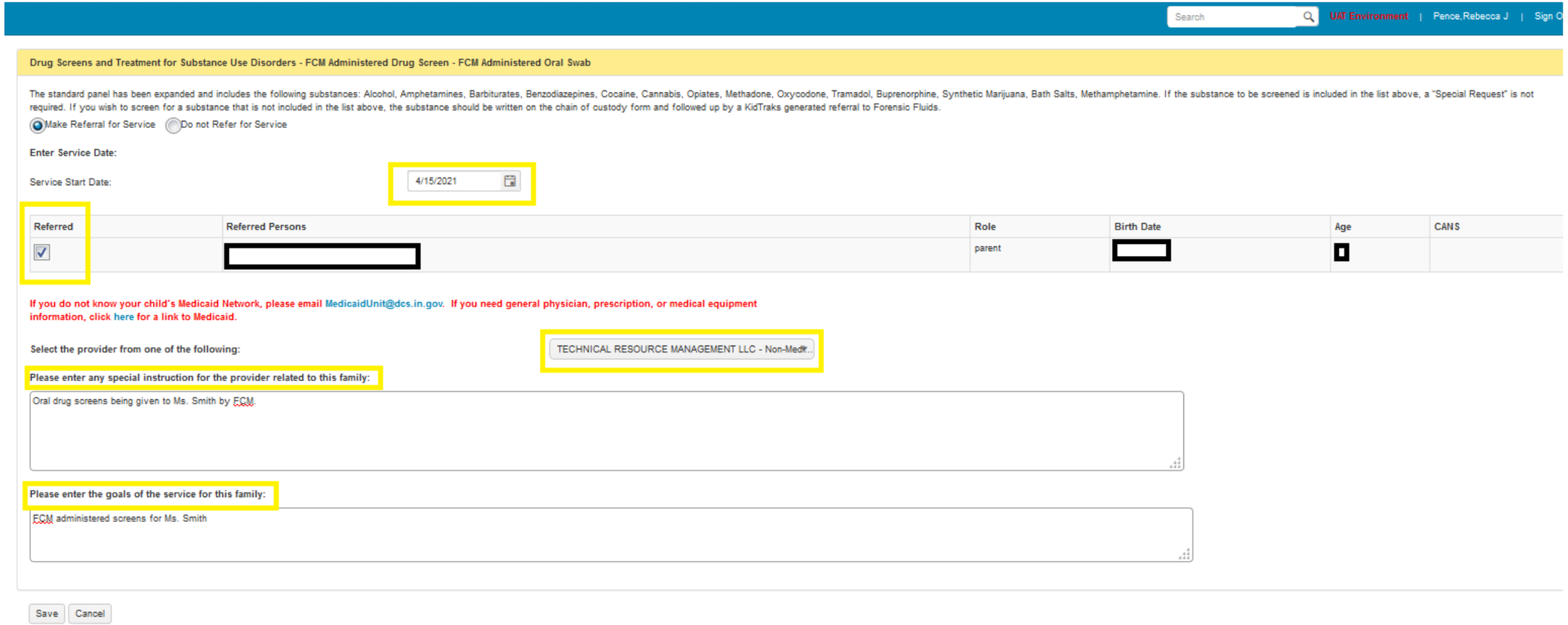
FCM ADMINISTERED DRUG SCREENS



❖ Then select: **FCM Administered Drug Screen**

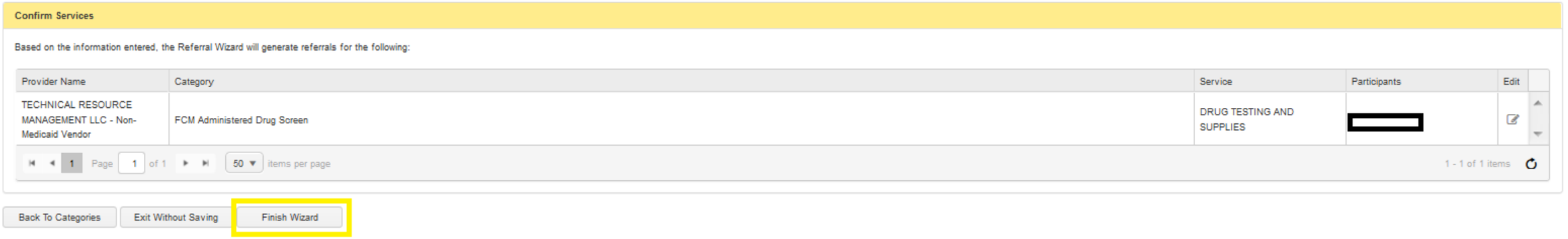
❖ Next select: **FCM Administered Oral Swab**

FCM ADMINISTERED DRUG SCREENS

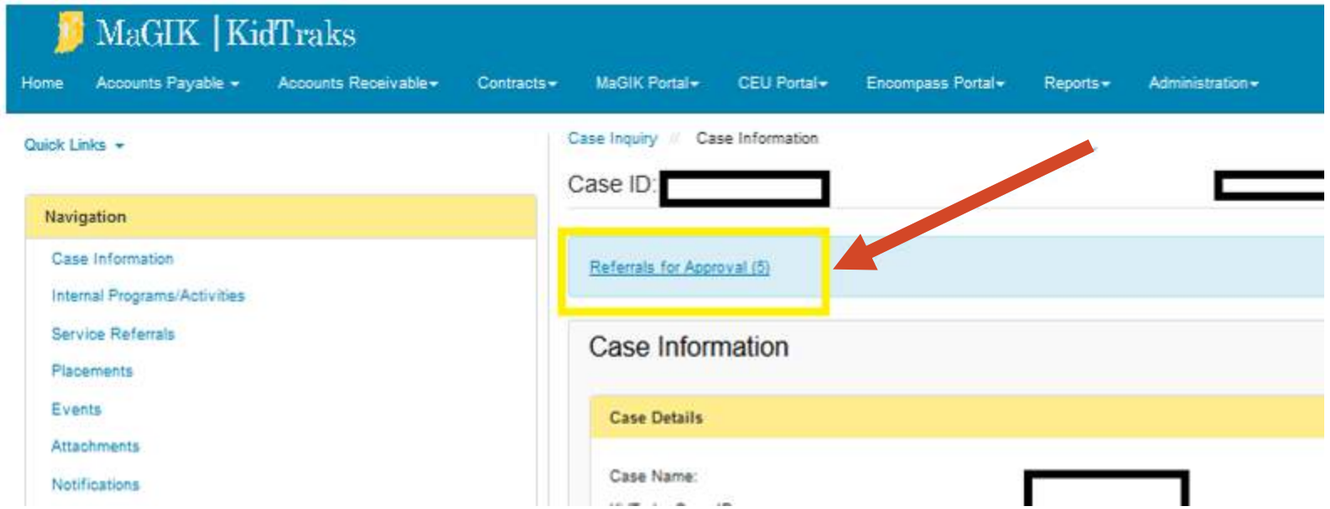


- New referrals screen. **This is a change!** Previously several screens would be entered here
- If screen is collected prior to referral: **Include COC number in notes section** when entering referral into system
- **Save** your referral

FCM ADMINISTERED DRUG SCREENS

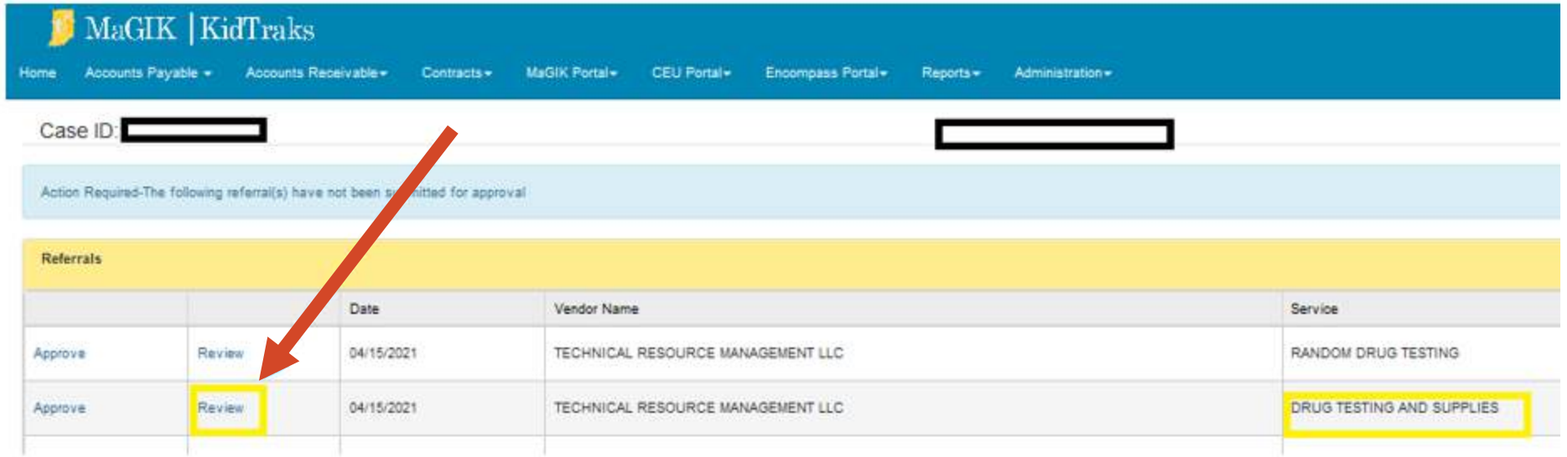


- **Finish Wizard: Referrals are pre-set with 20 FCM administered oral fluids screens**
  - If 20 is sufficient, this is the last step. If not, continue below



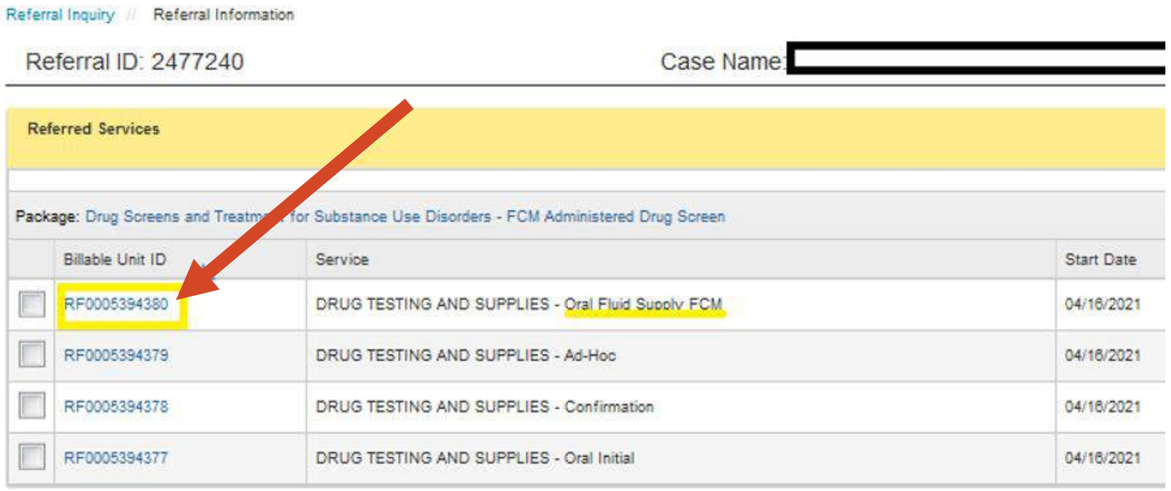
- **Select number of referrals from the main KidTraks case page**

FCM ADMINISTERED DRUG SCREENS

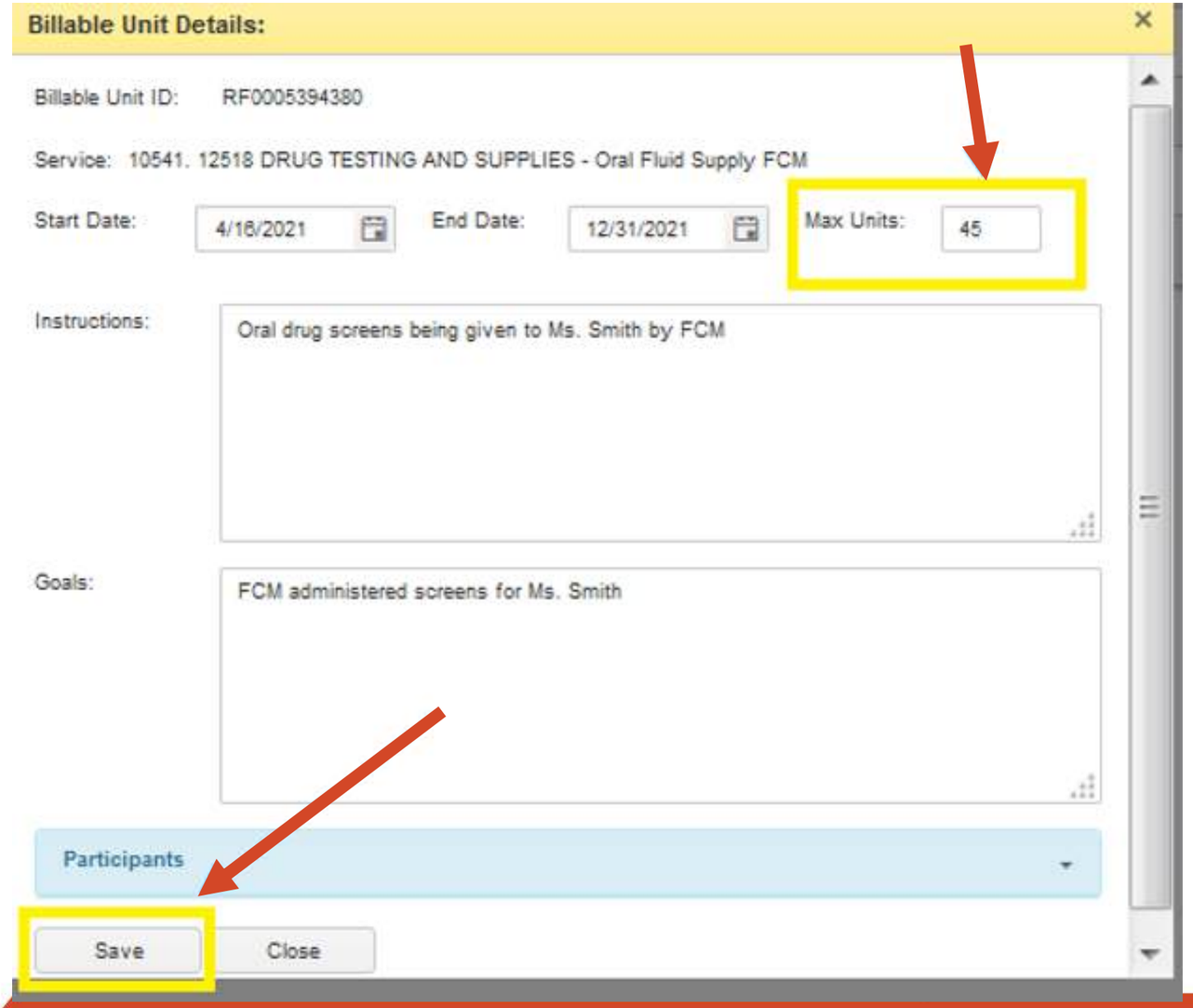


- **Select Review for accuracy of your referral information entered**
  - Review Basic Information
  - Review Referral Services

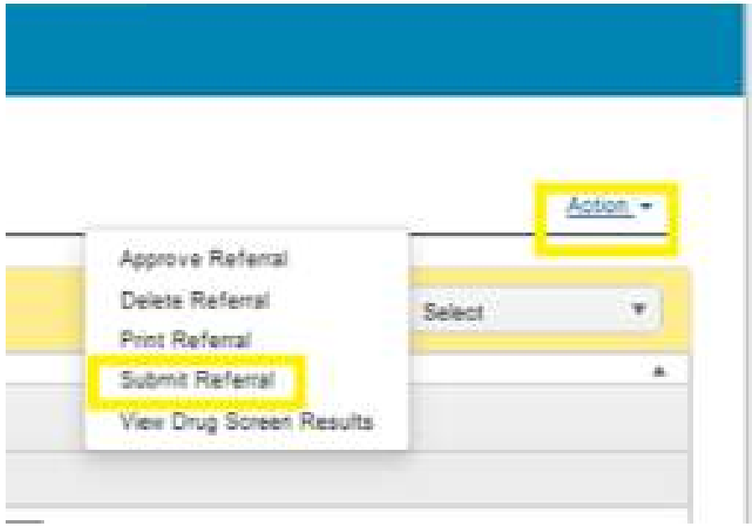
- **You can change the number of referral units by selecting the RF000XXXX number for DRUG TESTING and SUPPLIES- Oral Fluid Supply FCM**



FCM ADMINISTERED DRUG SCREENS



- **You can change Max Units here**
  - A reasonable number you need or expect to utilize
- **Remember to Save your referral**
  - Unit changes will be reflected in referral



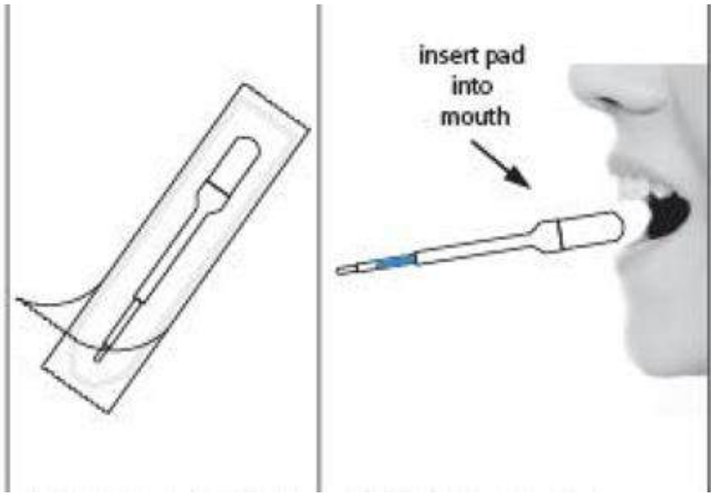
- **Use Action menu to Submit Referral**

ORAL FLUID COLLECTION AND CHAIN OF CUSTODY

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

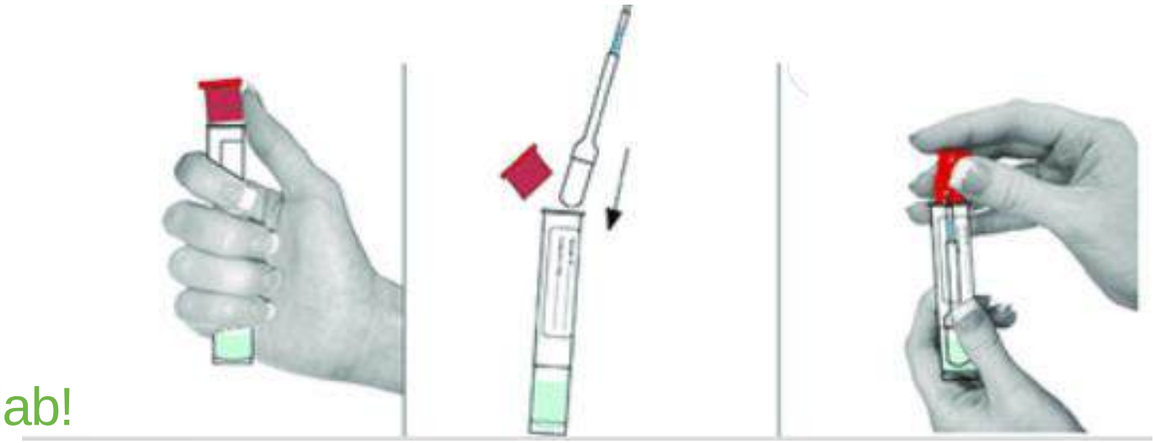


If indicator does not turn blue, you will not have enough oral fluid to ensure accurate testing- Resulting in a potential FALSE NEGATIVE

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

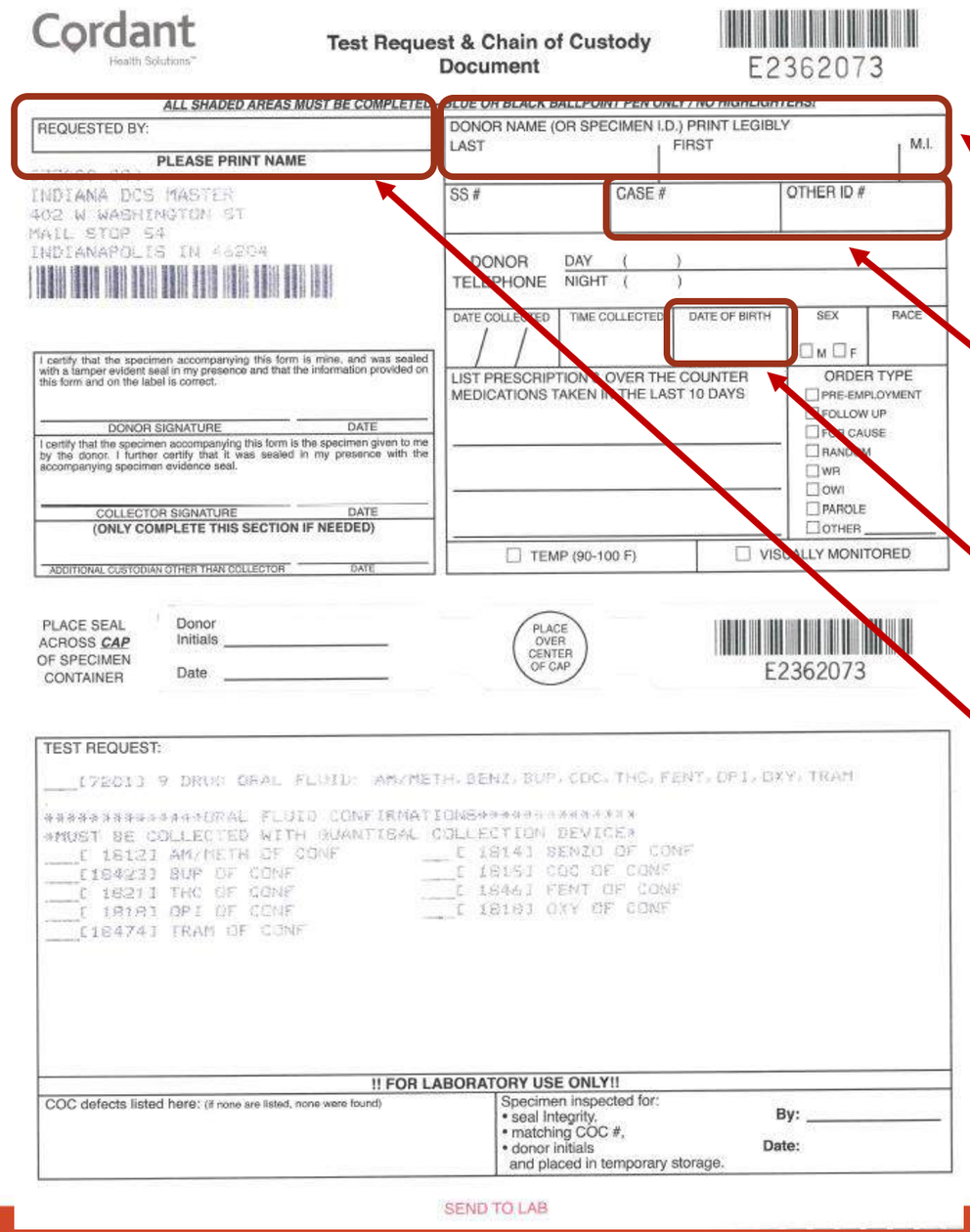


- ❖ **If device pad is bitten off, falls off or is in some way damaged, discard sample and device and recollect**

- 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

MANUAL CHAIN OF CUSTODY

MUST BE COMPLETE AND LEGIBLE!


Cordant
Health Solutions™

Test Request & Chain of Custody Document

E2362073

ALL SHADED AREAS MUST BE COMPLETED. BLUE OR BLACK BALLPOINT PEN ONLY / NO HIGHLIGHTERS!

REQUESTED BY:

PLEASE PRINT NAME

INDIANA DCS MASTER
402 W WASHINGTON ST
MAIL STOP 54
INDIANAPOLIS IN 46204

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

SS # CASE # OTHER ID #

DONOR TELEPHONE DAY ( ) NIGHT ( )

DATE COLLECTED TIME COLLECTED DATE OF BIRTH SEX ☐ 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 DATE

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

(ONLY COMPLETE THIS SECTION IF NEEDED)

ADDITIONAL CUSTODIAN OTHER THAN COLLECTOR DATE

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

ORDER TYPE
☐ PRE-EMPLOYMENT
☐ FOLLOW UP
☐ FOR CAUSE
☐ RANDOM
☐ WR
☐ OWI
☐ PAROLE
☐ OTHER

☐ TEMP (90-100 F) ☐ VISUALLY MONITORED

PLACE SEAL ACROSS CAP OF SPECIMEN CONTAINER

Donor Initials _____

Date _____

PLACE OVER CENTER OF CAP

E2362073

TEST REQUEST:

___[72013] 9 DRUG ORAL FLUID: AM/METH, BENZ, BUP, COC, THC, FENT, OPI, OXY, TRAM

**********ORAL FLUID CONFIRMATIONS**********
MUST BE COLLECTED WITH QUANTISAL COLLECTION DEVICE
___[1612] AM/METH OF CONF ___[1814] BENZO OF CONF
___[18423] BUP OF CONF ___[1815] COC OF CONF
___[1621] THC OF CONF ___[1844] FENT OF CONF
___[1818] OPI OF CONF ___[1810] OXY OF CONF
___[18474] TRAM OF CONF

!! FOR LABORATORY USE ONLY!!

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

Specimen inspected for:
• seal Integrity,
• matching COC #,
• donor initials
and placed in temporary storage.

By: _____

Date:

SEND TO LAB

REQUIRED FIELDS

Client First Name, Last name

Case # → Casebook Case ID or Casebook Assessment ID

Other ID # Write→ *“Case ID”* or *“Assessment ID”*

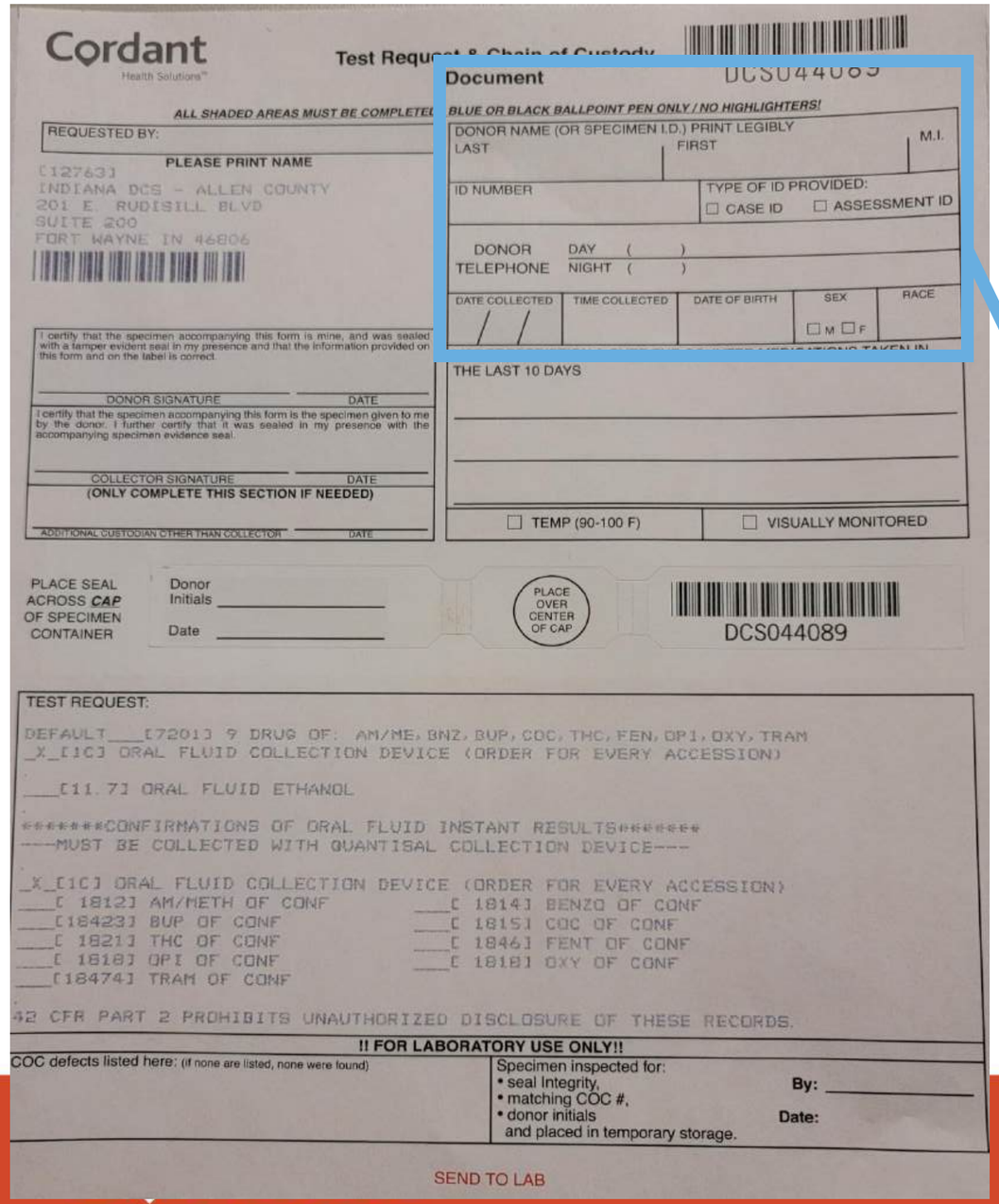
Date of Birth

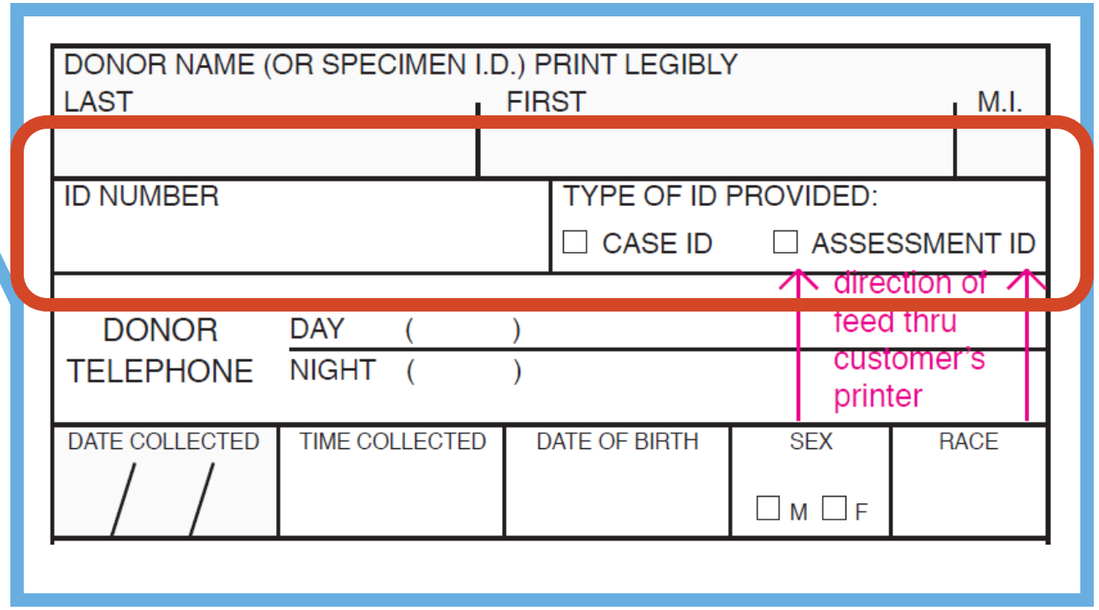
Requested by → FCM Name

These fields are critical

Cordant will be loading ALL FCM collections into the DCS system

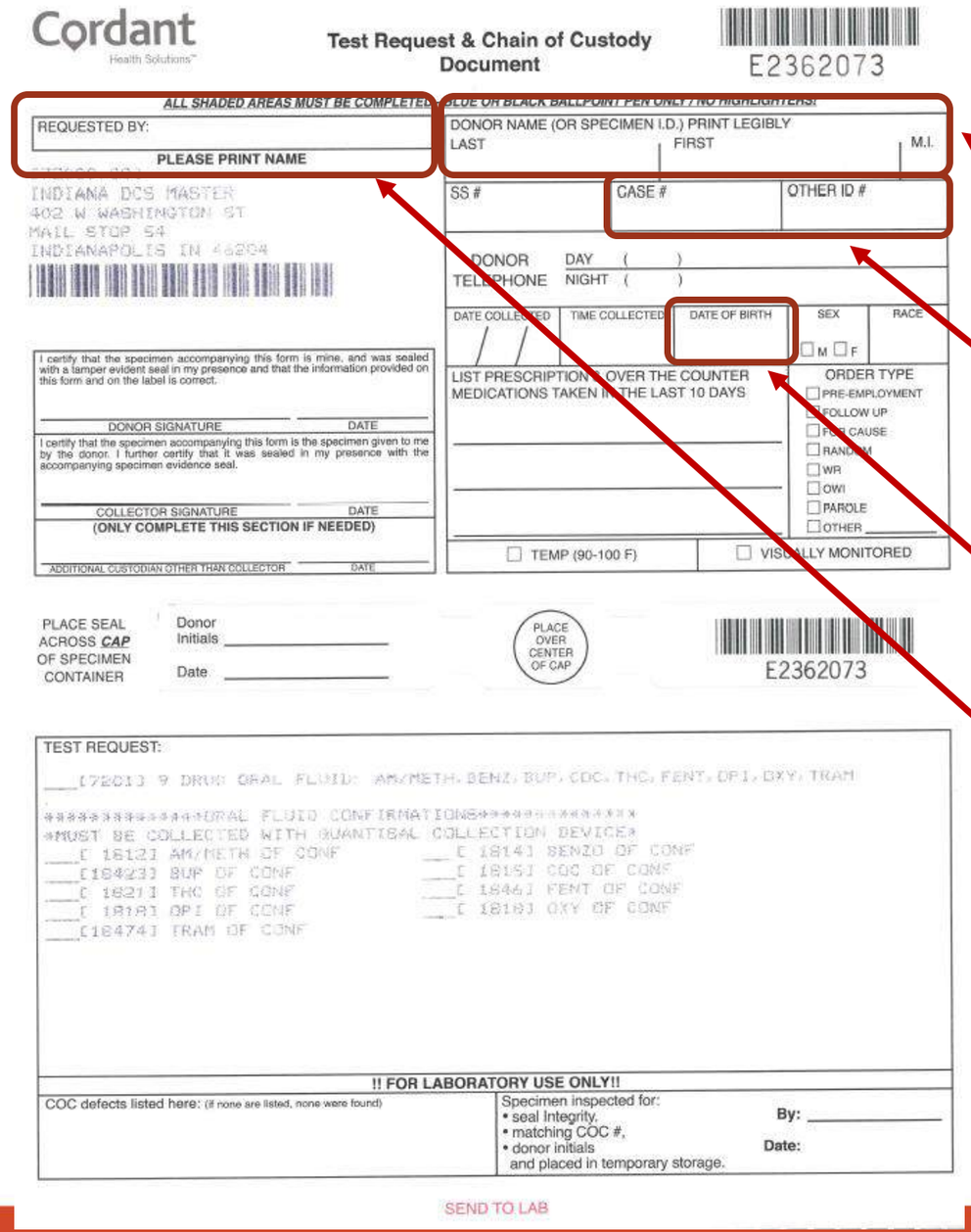
CUSTOM DCS ADMINISTERED CHAIN OF CUSTODY





MANUAL CHAIN OF CUSTODY

MUST BE COMPLETE AND LEGIBLE!


Cordant
Health Solutions™

Test Request & Chain of Custody Document

E2362073

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REQUESTED BY:

PLEASE PRINT NAME

INDIANA DCS MASTER
402 W WASHINGTON ST
MAIL STOP 54
INDIANAPOLIS IN 46204

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

SS # CASE # OTHER ID #

DONOR TELEPHONE DAY ( ) NIGHT ( )

DATE COLLECTED TIME COLLECTED DATE OF BIRTH SEX ☐ M ☐ F RACE

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DONOR SIGNATURE DATE

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COLLECTOR SIGNATURE DATE

(ONLY COMPLETE THIS SECTION IF NEEDED)

ADDITIONAL CUSTODIAN OTHER THAN COLLECTOR DATE

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

ORDER TYPE
☐ PRE-EMPLOYMENT
☐ FOLLOW UP
☐ FOR CAUSE
☐ RANDOM
☐ WR
☐ OWI
☐ PAROLE
☐ OTHER

☐ TEMP (90-100 F) ☐ VISUALLY MONITORED

PLACE SEAL ACROSS CAP OF SPECIMEN CONTAINER

Donor Initials

Date

PLACE OVER CENTER OF CAP

E2362073

TEST REQUEST:

[72013] 9 DRUG ORAL FLUID: AM/METH, BENZ, BUP, COC, THC, FENT, OPI, OXY, TRAM

**********ORAL FLUID CONFIRMATIONS**********
MUST BE COLLECTED WITH QUANTISAL COLLECTION DEVICE

[1612] AM/METH OF CONF
[18423] BUP OF CONF
[1621] THC OF CONF
[1818] OPI OF CONF
[18474] TRAM OF CONF
[1814] BENZO OF CONF
[1815] COC OF CONF
[1644] FENT OF CONF
[1818] OXY OF CONF

!! FOR LABORATORY USE ONLY!!

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

Specimen inspected for:
- seal Integrity,
- matching COC #,
- donor initials

and placed in temporary storage.

By:

Date:

SEND TO LAB

REQUIRED FIELDS

Client First Name, Last name

Case # → Casebook Case ID or Casebook Assessment ID

Other ID # Write→ *"Case ID"* or *"Assessment ID"*

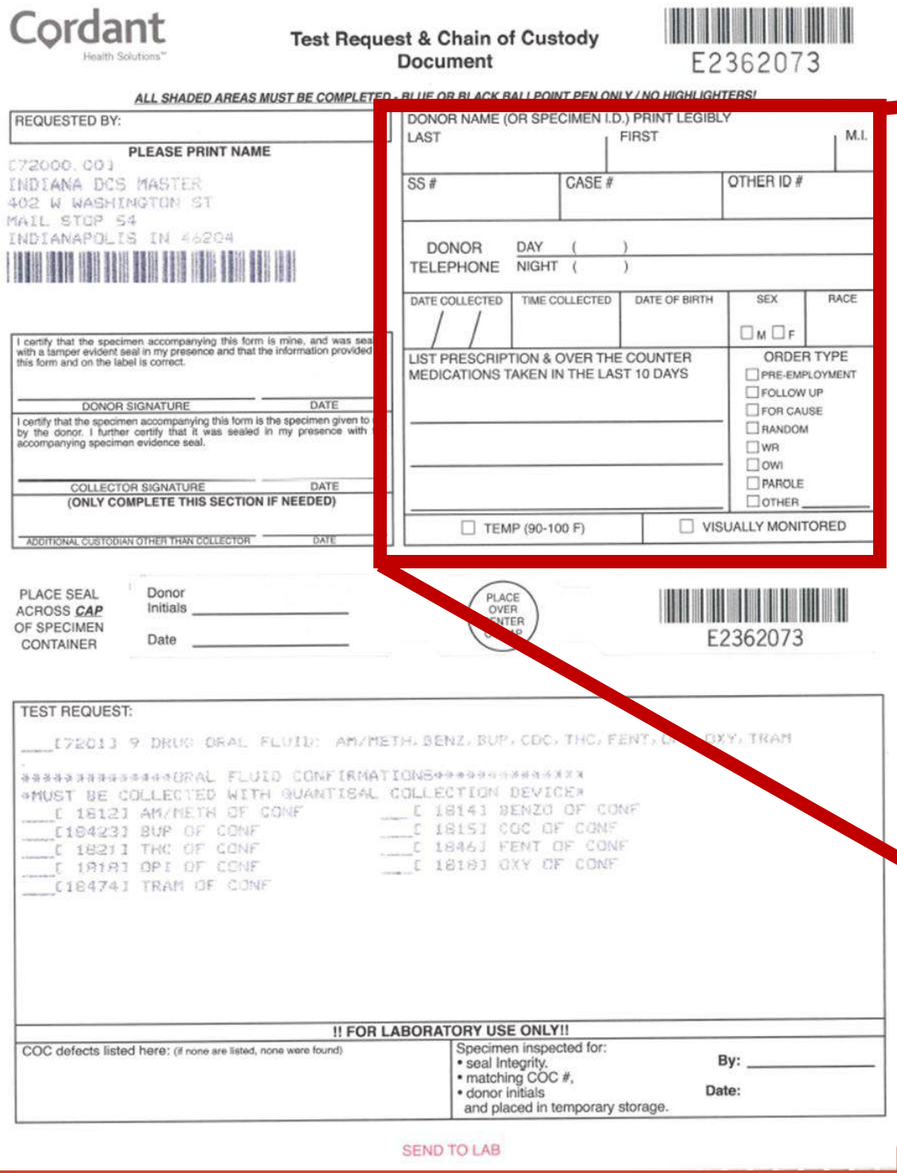
Date of Birth

Requested by → FCM Name

These fields are critical

Cordant will be loading ALL FCM collections into the DCS system

MANUAL CHAIN OF CUSTODY - *MUST BE COMPLETE AND LEGIBLE!*



Cordant Health Solutions

Test Request & Chain of Custody Document

E2362073

ALL SHADED AREAS MUST BE COMPLETED - BLUE OR BLACK BALL POINT PEN ONLY / NO HIGHLIGHTERS!

REQUESTED BY:

PLEASE PRINT NAME

[72000.00]
INDIANA DCS MASTER
402 W WASHINGTON ST
MAIL STOP 54
INDIANAPOLIS IN 46204

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

DONOR SIGNATURE — DATE

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

COLLECTOR SIGNATURE — DATE

(ONLY COMPLETE THIS SECTION IF NEEDED)

ADDITIONAL CUSTODIAN OTHER THAN COLLECTOR — DATE

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

SS # | CASE # | OTHER ID #

DONOR TELEPHONE — DAY ( ) — NIGHT ( )

DATE COLLECTED	TIME COLLECTED	DATE OF BIRTH	SEX	RACE
/ /			☐ M ☐ F	

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

ORDER TYPE
- ☐ PRE-EMPLOYMENT
- ☐ FOLLOW UP
- ☐ FOR CAUSE
- ☐ RANDOM
- ☐ WR
- ☐ OWI
- ☐ PAROLE
- ☐ OTHER

☐ TEMP (90-100 F) ☐ VISUALLY MONITORED

PLACE SEAL ACROSS *CAP* OF SPECIMEN CONTAINER

Donor Initials _____

Date _____

PLACE OVER CENTER SEAL

E2362073

TEST REQUEST:

[72013] 9 DRUG ORAL FLUID: AM/METH,BENZ,BUP,COC,THC,FENT,OPI,OXY,TRAM

**********ORAL FLUID CONFIRMATIONS**********
MUST BE COLLECTED WITH QUANTISAL COLLECTION DEVICE

[18121] AM/METH OF CONF
[18423] BUP OF CONF
[18211] THC OF CONF
[18193] OPI OF CONF
[18474] TRAM OF CONF
[18141] BENZO OF CONF
[18151] COC OF CONF
[18461] FENT OF CONF
[18183] OXY OF CONF

!! FOR LABORATORY USE ONLY!!

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

Specimen inspected for:
- seal Integrity,
- matching COC #,
- donor initials

and placed in temporary storage.

By: _____

Date:

SEND TO LAB

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

SS # | CASE # | OTHER ID #

DONOR TELEPHONE — DAY ( ) — NIGHT ( )

DATE COLLECTED	TIME COLLECTED	DATE OF BIRTH	SEX	RACE
/ /			☐ M ☐ F	

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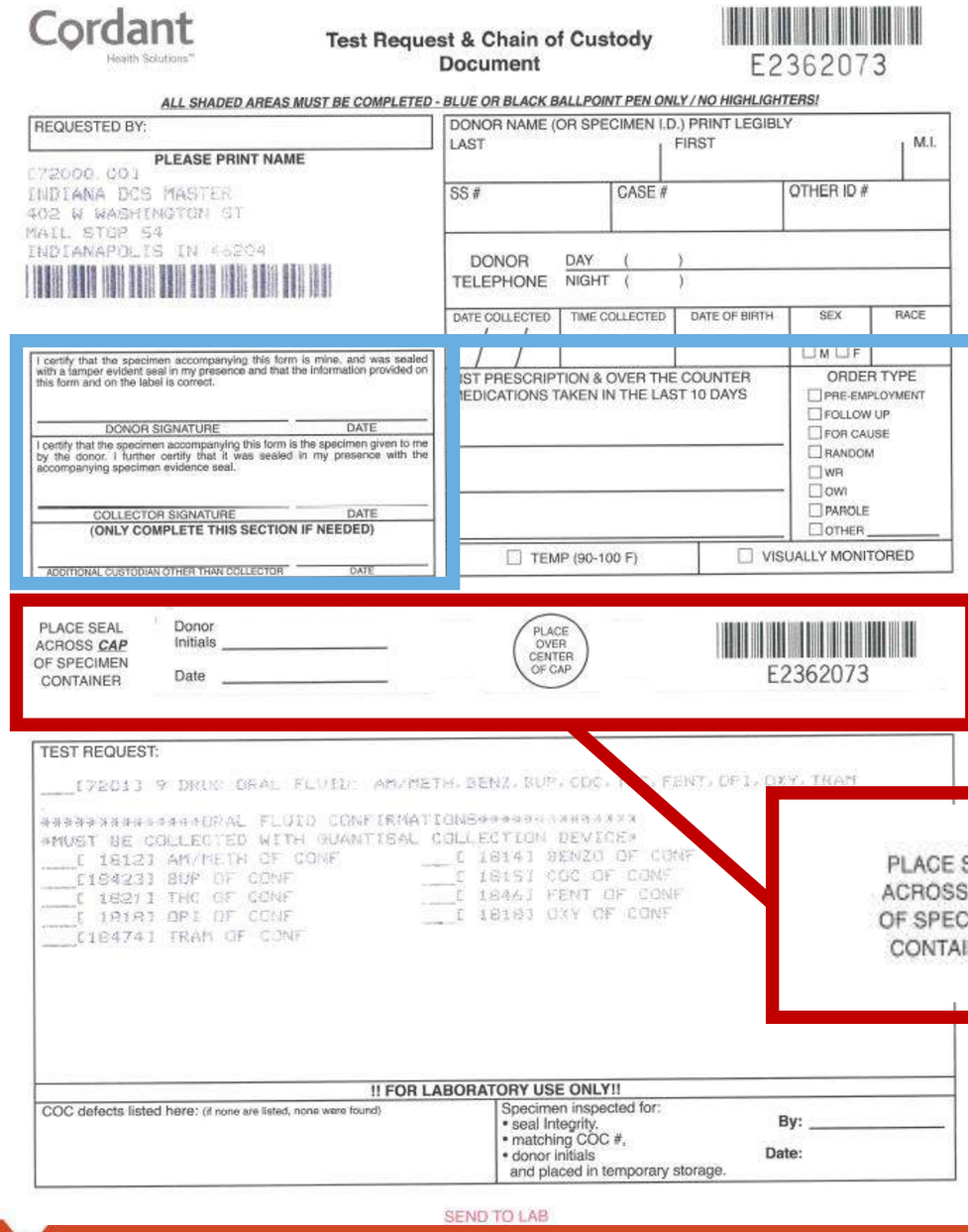
- ☐ WR
- ☐ OWI
- ☐ PAROLE
- ☐ OTHER

☐ TEMP (90-100 F) ☐ VISUALLY MONITORED

MANUAL CHAIN OF CUSTODY

MUST BE COMPLETE AND LEGIBLE!



Cordant Health Solutions™

Test Request & Chain of Custody Document

E2362073

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REQUESTED BY:

PLEASE PRINT NAME

C72000.C01
INDIANA DCS MASTER
402 W WASHINGTON ST
MAIL STOP 54
INDIANAPOLIS IN 46204

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

SS # | CASE # | OTHER ID #

DONOR TELEPHONE DAY ( ) NIGHT ( )

DATE COLLECTED | TIME COLLECTED | DATE OF BIRTH | SEX | RACE

☐M ☐F

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ADDITIONAL CUSTODIAN OTHER THAN COLLECTOR DATE

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EDICATIONS TAKEN IN THE LAST 10 DAYS

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☐ FOLLOW UP
☐ FOR CAUSE
☐ RANDOM
☐ WR
☐ OWI
☐ PAROLE
☐ OTHER

☐ TEMP (90-100 F) ☐ VISUALLY MONITORED

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

Donor Initials

Date

PLACE OVER CENTER OF CAP

E2362073

TEST REQUEST:

[72013 9 DRUG ORAL FLUID: AM/METH, BENZ, BUP, COC, FENT, OPI, OXY, TRAM

**********ORAL FLUID CONFIRMATIONS**********
MUST BE COLLECTED WITH QUANTISAL COLLECTION DEVICE

[18123 AM/METH CF CONF
[18423 BUP CF CONF
[18211 THC CF CONF
[18181 OPI CF CONF
[18474 TRAM CF CONF
[18141 BENZO CF CONF
[18151 COC CF CONF
[18461 FENT CF CONF
[18103 OXY CF CONF

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Date:

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ADDITIONAL CUSTODIAN OTHER THAN COLLECTOR DATE

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

Donor Initials

Date

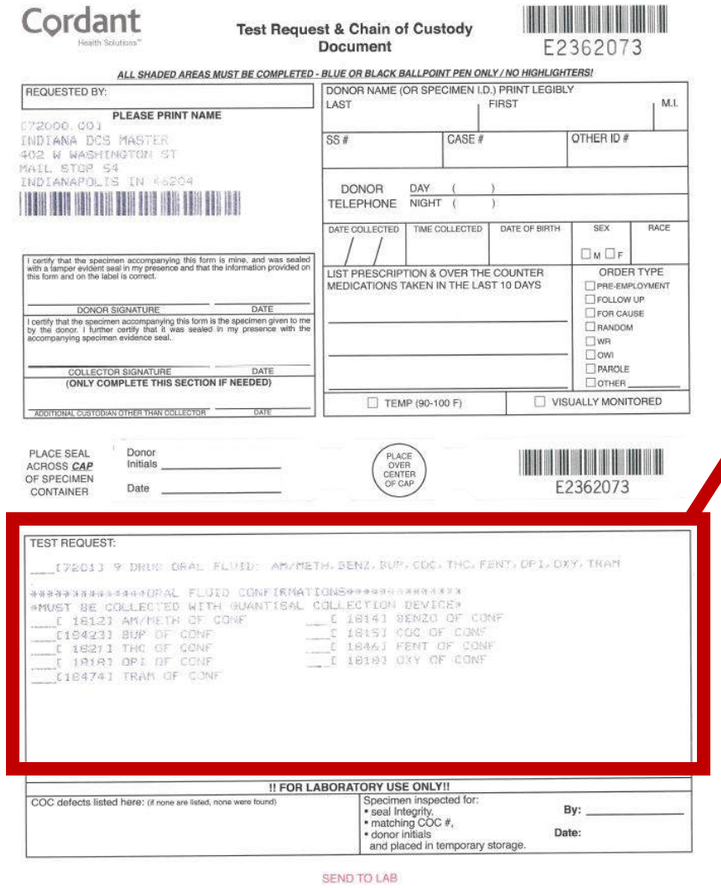
PLACE OVER CENTER OF CAP

E2362073

MANUAL CHAIN OF CUSTODY

MUST SELECT TESTING!!

Ordering a **9-Panel** Oral Fluid drug test on Quantisal Device



Cordant Health Solutions

Test Request & Chain of Custody Document

E2362073

ALL SHADED AREAS MUST BE COMPLETED - BLUE OR BLACK BALLPOINT PEN ONLY / NO HIGHLIGHTERS!

REQUESTED BY:

PLEASE PRINT NAME

C72000.001
INDIANA DCS MASTER
402 W WASHINGTON ST
MAIL STOP 54
INDIANAPOLIS IN 46204

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

SS # CASE # OTHER ID #

DONOR TELEPHONE DAY ( ) NIGHT ( )

DATE COLLECTED | TIME COLLECTED | DATE OF BIRTH | SEX ☐M ☐F | RACE

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(ONLY COMPLETE THIS SECTION IF NEEDED)

ADDITIONAL CUSTODIAN OTHER THAN COLLECTOR DATE

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

ORDER TYPE
☐ PRE-EMPLOYMENT
☐ FOLLOW UP
☐ FOR CAUSE
☐ RANDOM
☐ WR
☐ OWI
☐ PAROLE
☐ OTHER

☐ TEMP (90-100 F) ☐ VISUALLY MONITORED

PLACE SEAL ACROSS CAP OF SPECIMEN CONTAINER

Donor Initials

Date

PLACE OVER CENTER OF CAP

E2362073

TEST REQUEST:

___[72013] 9 DRUG ORAL FLUID: AM/METH, BENZ, BUP, COC, THC, FENT, OPI, OXY, TRAM

**********ORAL FLUID CONFIRMATIONS**********
MUST BE COLLECTED WITH QUANTISAL COLLECTION DEVICE

___[1812] AM/METH OF CONF
___[1814] BENZO OF CONF
___[184233] BUP OF CONF
___[1815] COC OF CONF
___[1821] THC OF CONF
___[1846] FENT OF CONF
___[1818] OPI OF CONF
___[1816] OXY OF CONF
___[184741] TRAM OF CONF

!! FOR LABORATORY USE ONLY!!

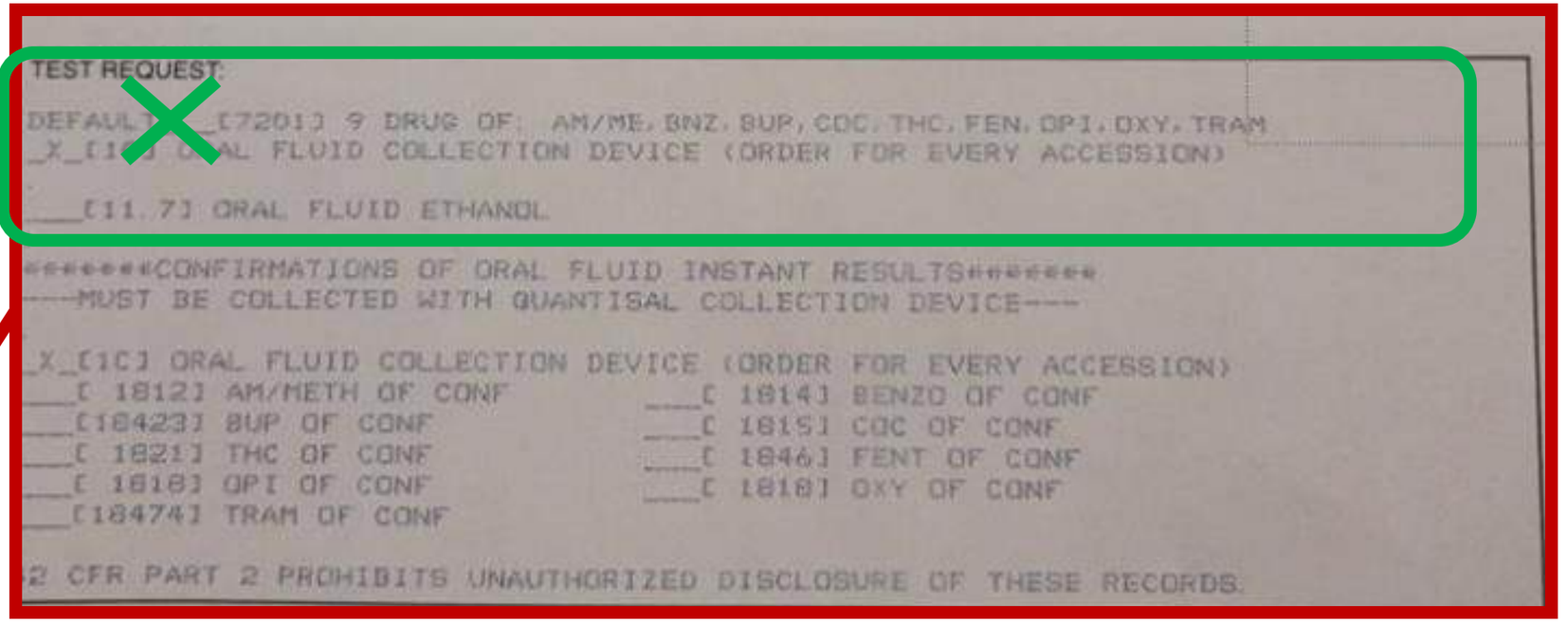
COC defects listed here: (if none are listed, none were found)

Specimen inspected for:
• seal Integrity,
• matching COC #,
• donor initials
and placed in temporary storage.

By:

Date:

SEND TO LAB



TEST REQUEST:

DEFAULT [72013] 9 DRUG OF: AM/ME, BNZ, BUP, COC, THC, FEN, OPI, OXY, TRAM
_X_[1 ORAL FLUID COLLECTION DEVICE (ORDER FOR EVERY ACCESSION)

___[11.7] ORAL FLUID ETHANOL

*******CONFIRMATIONS OF ORAL FLUID INSTANT RESULTS*******
---MUST BE COLLECTED WITH QUANTISAL COLLECTION DEVICE---

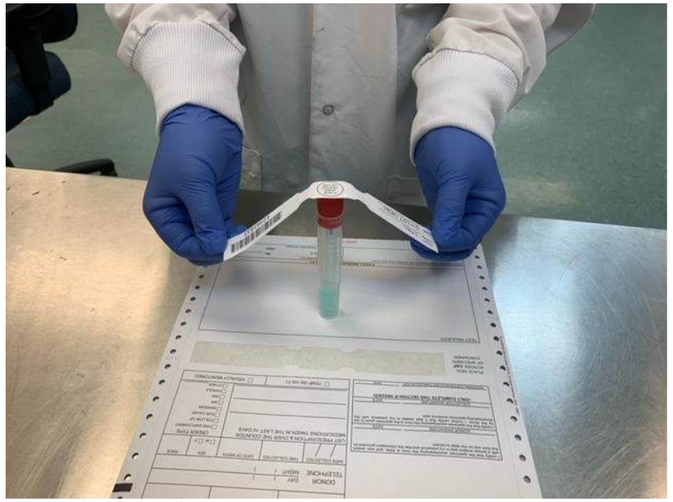
_X_[1C] ORAL FLUID COLLECTION DEVICE (ORDER FOR EVERY ACCESSION)
___[1812] AM/METH OF CONF
___[1814] BENZO OF CONF
___[184233] BUP OF CONF
___[1815] COC OF CONF
___[1821] THC OF CONF
___[1846] FENT OF CONF
___[1818] OPI OF CONF
___[1816] OXY OF CONF
___[184741] TRAM OF CONF

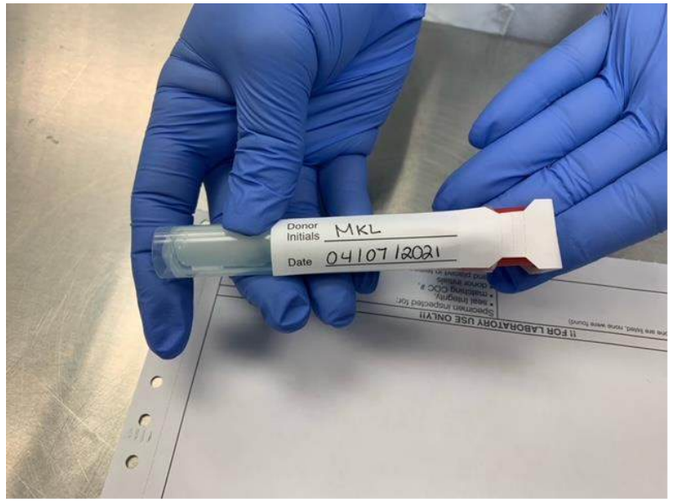
2 CFR PART 2 PROHIBITS UNAUTHORIZED DISCLOSURE OF THESE RECORDS.

9 Drug Oral fluid/Urine Panel: Amphetamine/Methamphetamine, Benzodiazepines, Buprenorphine, Cocaine, THC, Fentanyl, Opiates, Oxycodone, Tramadol- Add on Alcohol

CORDANT REQUISITION FORM

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

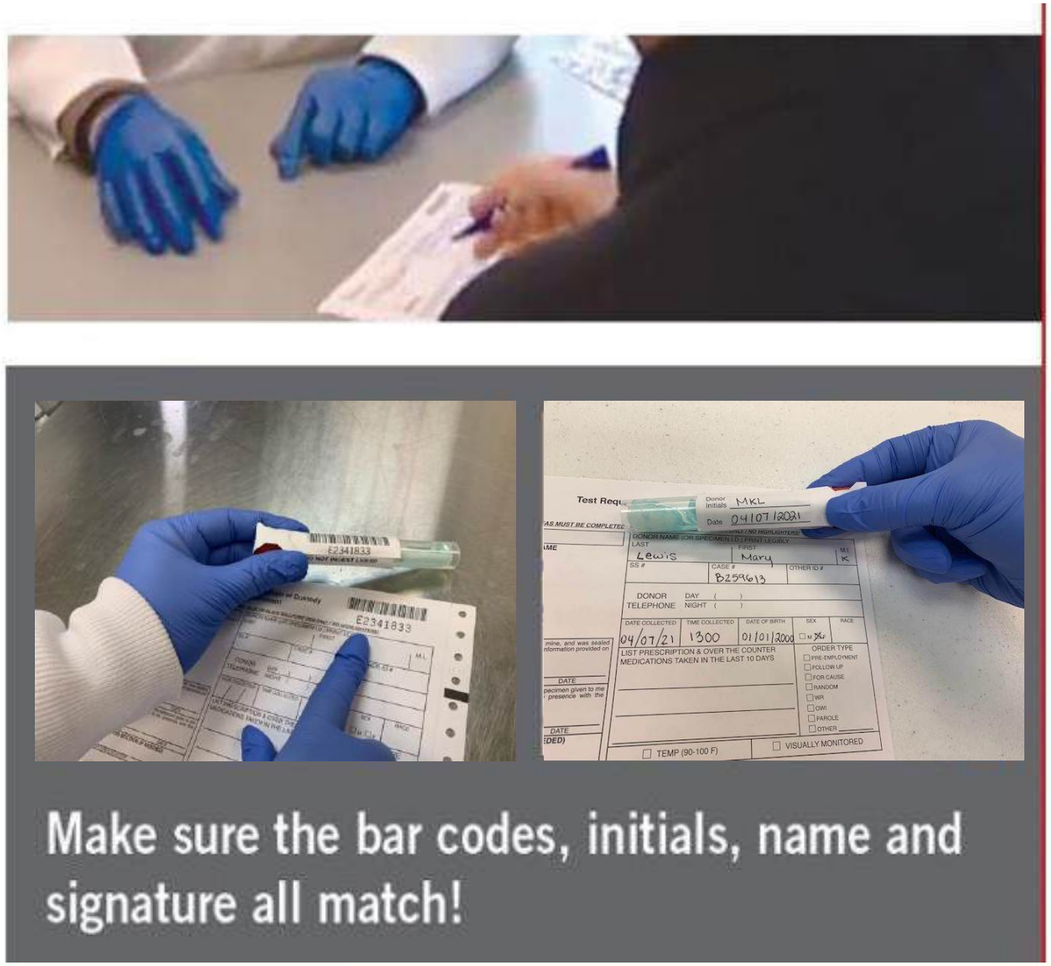




- This acknowledges the sample was sealed in the client's presence and is indeed their sample
- Seal number MUST match the number on the requisition form

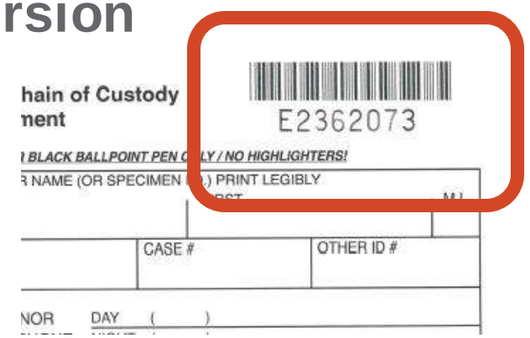
PROPER CHAIN OF CUSTODY

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



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 _____

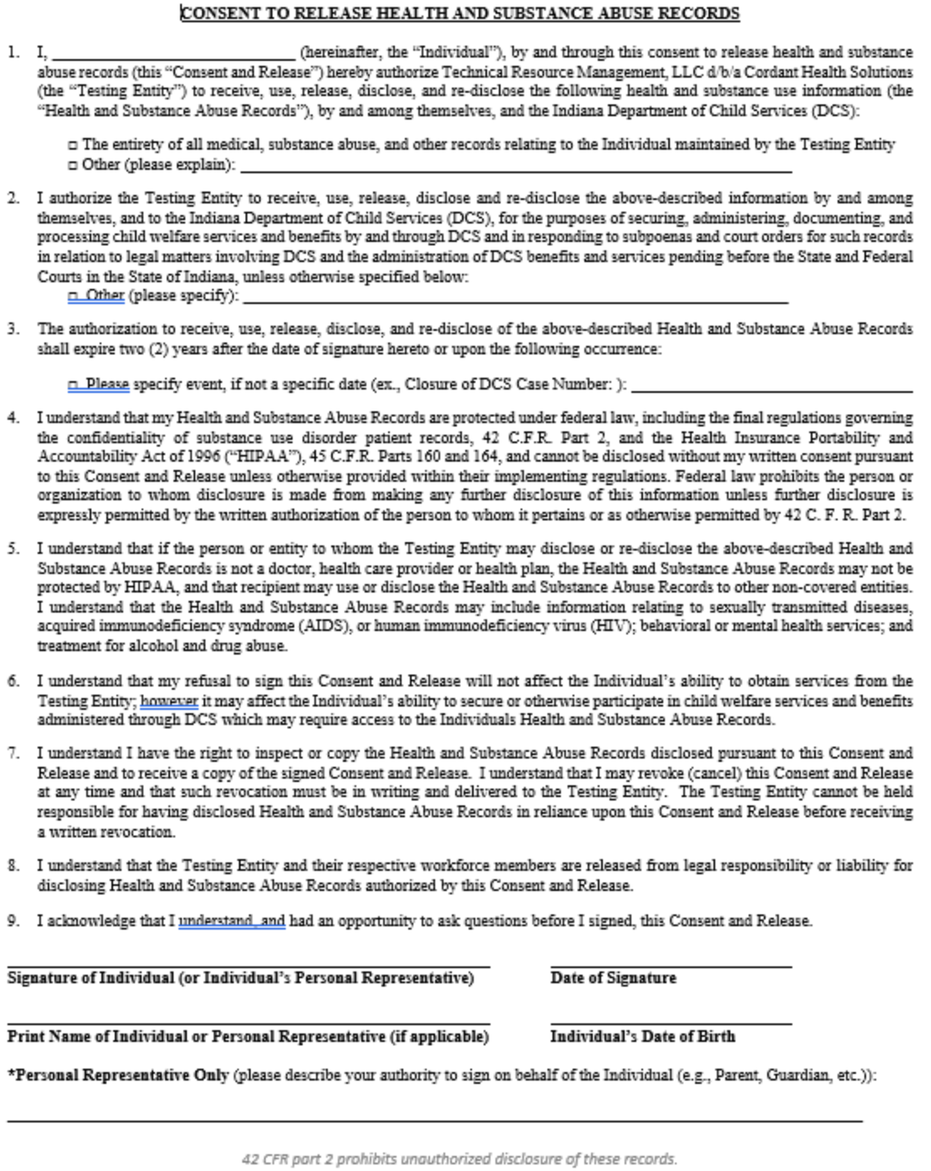
Signature of Guardian if donor is a minor _____ COC # _____

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.
- This release will also be obtained during each collection event for all Cordant collected specimens.



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

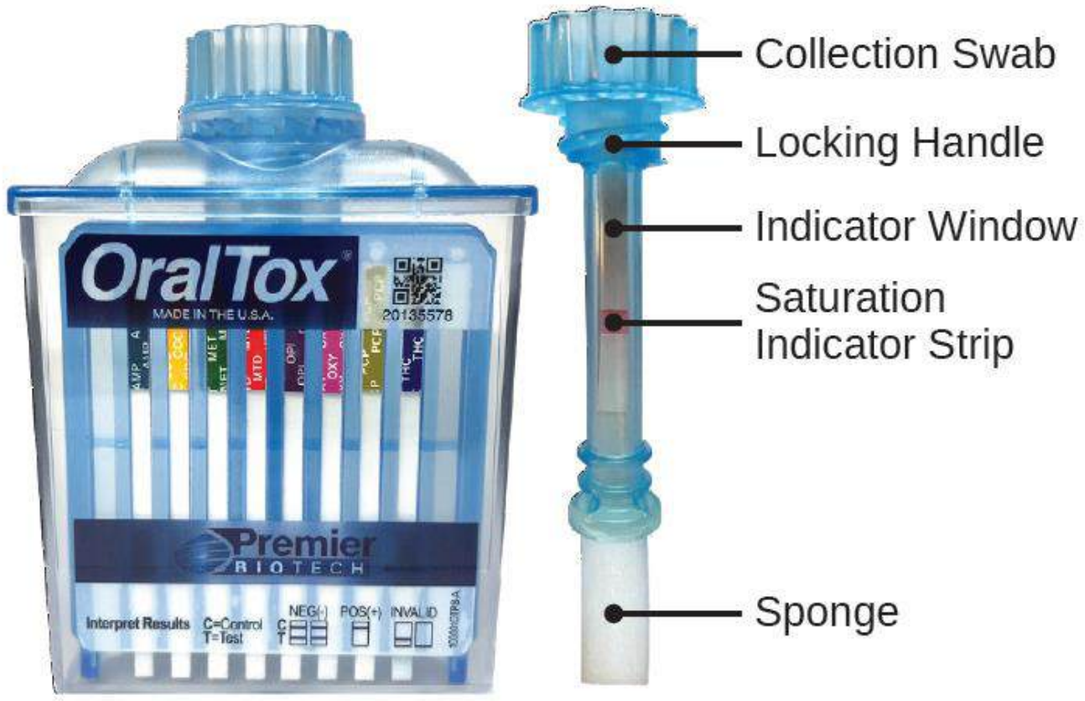
1. Place specimen in the smaller compartment of the bag with the absorbent pad
2. Fold both the Process Acknowledgement Form, Release of Information Form and the Chain of Custody in half and then in half again
3. Place the folded forms in the larger compartment of the specimen bag, separate from the specimen
4. Fold the adhesive flap over the cross-hatch slit opening.
5. Take samples to your DCS office.

- Supplies including forms, collection vials, instant devices, shipping supplies etc. will be sent to each DCS office.
- Samples will be accumulated at the DCS office and prepared for shipping in a bag or box.
- We will schedule each office for Fed Ex pick up of samples.

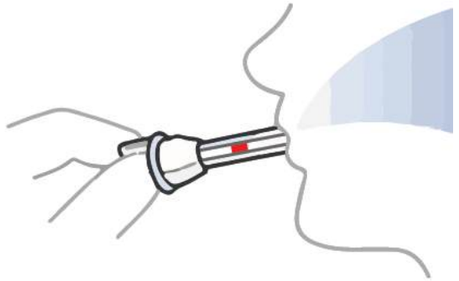
INSTANT DEVICE ORAL FLUID COLLECTION

INSTANT DEVICE ORAL FLUID COLLECTION

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.

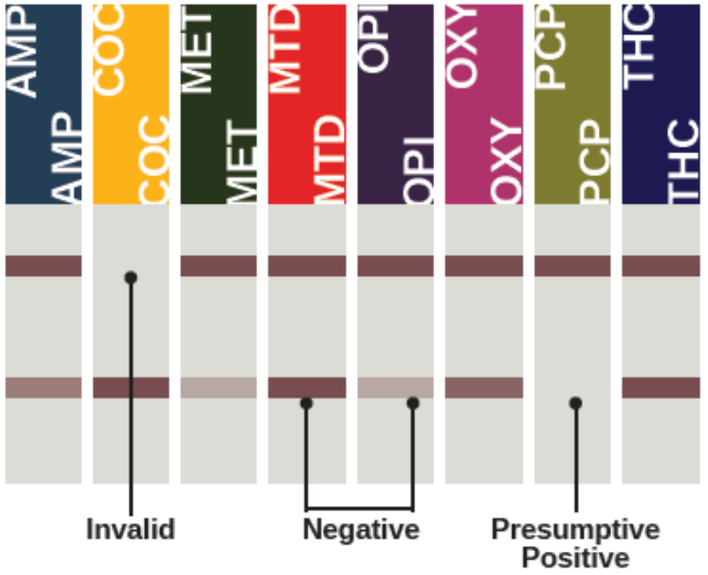


- Sweep inside of mouth (cheeks, gums, tongue), hold in mouth until indicator turns red
- Do not bite, suck, or chew on sponge
- Collection should take < 7min. If indicator doesn't activate discard and recollect



INSTANT DEVICE ORAL FLUID COLLECTION

- Position device on a flat surface
- Remove device from the mouth
- Insert device sponge first into the device , pushing and twisting down until the threaded handle locks in place



Results should not be read after 20 minutes

Individual test strips- ***Decreases*** false positive and false negative screens

USES FOR AN INSTANT ORAL FLUID DEVICE

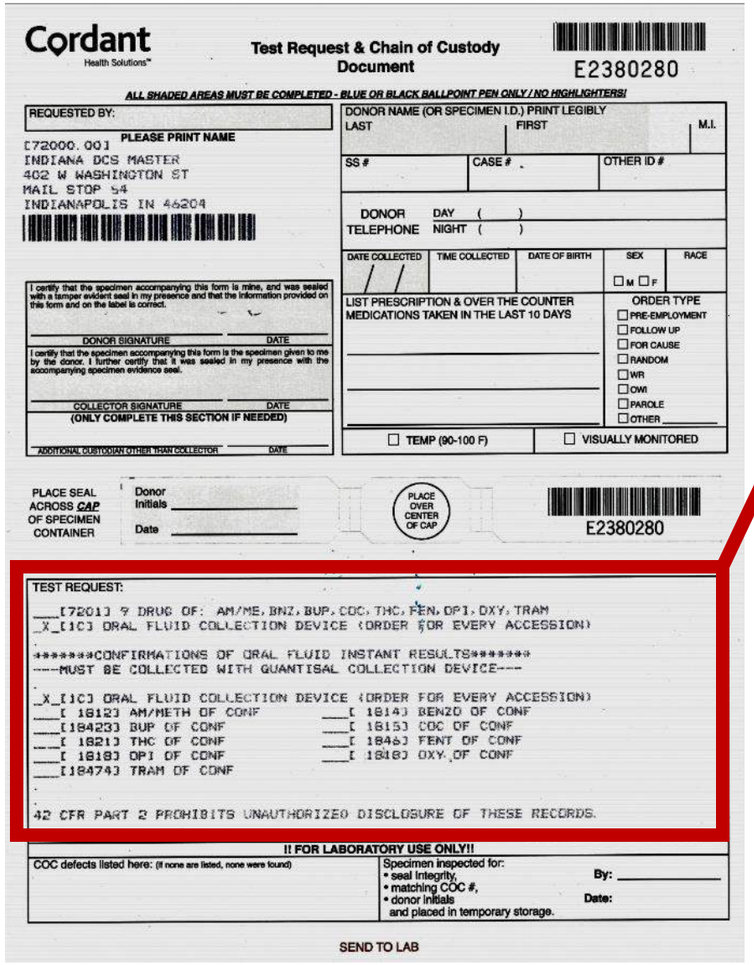
- Assessing very recent or current risk to a child during an emergency in–home visit
- **Current Toxicity-** Urine would only tell you historic use
- Assessing very recent use or current toxicity in on-demand testing
- Instant devices are disposable and can only be used one time

SENDING TO THE LAB

- Initial Presumptive Positive Screens by disposable instant kit require a secondary collection device to be sent to the laboratory for testing
- Dispose of initial device and obtain second sample via Quantisal
- Prepare and send sample to laboratory
- **Instant devices sent to the lab will NOT BE TESTED**

MANUAL CHAIN OF CUSTODY

MUST SELECT TESTING!!



Cordant Health Solutions™

Test Request & Chain of Custody Document

E2380280

ALL SHADED AREAS MUST BE COMPLETED - BLUE OR BLACK BALLPOINT PEN ONLY / NO HIGHLIGHTERS!

REQUESTED BY:

PLEASE PRINT NAME

[72000.001]
INDIANA DCS MASTER
402 W WASHINGTON ST
MAIL STOP 54
INDIANAPOLIS IN 46204

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

SS # CASE # OTHER ID #

DONOR DAY ( )
TELEPHONE NIGHT ( )

DATE COLLECTED | TIME COLLECTED | DATE OF BIRTH | SEX ☐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 DATE

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

(ONLY COMPLETE THIS SECTION IF NEEDED)

ADDITIONAL CUSTODIAN OTHER THAN COLLECTOR DATE

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

ORDER TYPE
☐PRE-EMPLOYMENT
☐FOLLOW UP
☐FOR CAUSE
☐RANDOM
☐WR
☐OWI
☐PAROLE
☐OTHER

☐ TEMP (90-100 F) ☐ VISUALLY MONITORED

PLACE SEAL ACROSS CAP OF SPECIMEN CONTAINER

Donor Initials _____

Date _____

PLACE OVER CENTER OF CAP

E2380280

TEST REQUEST:

___[72011] 9 DRUG OF: AM/ME,BNZ,BUP,COC,THC,FEN,OPI,OXY,TRAM
_X_[1C] ORAL FLUID COLLECTION DEVICE (ORDER FOR EVERY ACCESSION)

*******CONFIRMATIONS OF ORAL FLUID INSTANT RESULTS*******
----MUST BE COLLECTED WITH QUANTISAL COLLECTION DEVICE---

_X_[1C] ORAL FLUID COLLECTION DEVICE (ORDER FOR EVERY ACCESSION)

___[1812] AM/METH OF CONF	___[1814] BENZO OF CONF
___[18423] BUP OF CONF	___[1815] COC OF CONF
___[1821] THC OF CONF	___[1846] FENT OF CONF
___[1818] OPI OF CONF	___[1818] OXY OF CONF
___[18474] TRAM OF CONF	

42 CFR PART 2 PROHIBITS UNAUTHORIZED DISCLOSURE OF THESE RECORDS.

!! FOR LABORATORY USE ONLY!!

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

Specimen inspected for:
• seal integrity,
• matching COC #,
• donor initials
and placed in temporary storage.

By: _____

Date:

SEND TO LAB

Ordering a **Direct Confirmation** Oral Fluid drug test on Quantisal Device

TEST REQUEST:

___[72011] 9 DRUG OF: AM/ME,BNZ,BUP,COC,THC,FEN,OPI,OXY,TRAM
_X_[1C] ORAL FLUID COLLECTION DEVICE (ORDER FOR EVERY ACCESSION)

*******CONFIRMATIONS OF ORAL FLUID INSTANT RESULTS*******
----MUST BE COLLECTED WITH QUANTISAL COLLECTION DEVICE---

_X_[1C] ORAL FLUID COLLECTION DEVICE (ORDER FOR EVERY ACCESSION)

___[1812] AM/METH OF CONF	___[1814] BENZO OF CONF
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___[1818] OPI OF CONF	___[1818] OXY OF CONF
___[18474] TRAM OF CONF	

42 CFR PART 2 PROHIBITS UNAUTHORIZED DISCLOSURE OF THESE RECORDS.

9 Drug Oral fluid/Urine Panel: Amphetamine/Methamphetamine, Benzodiazepines, Buprenorphine, Cocaine, THC, Fentanyl, Opiates, Oxycodone, Tramadol

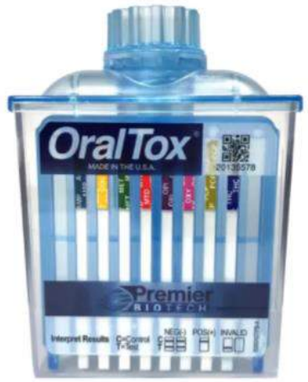
ADDITIONAL CONSIDERATIONS

All screening PRESUMPTIVE positive screening results, lab or device, require confirmation testing via LCMSMS- **There are no "false positives" in confirmation testing**

All presumptive screening techniques whether in the field or in the lab will be prone to false positive screening results due to other known or unknown compounds

Ex. Sudafed → Presumptive positive screen Amphetamines

Sertraline → Presumptive positive screen Benzodiazepines



" What current medications are you taking?"

Example Scenario: Preventing a child from temporary guardianship by a loved one that received a false positive methamphetamine initial instant screen who was *actually on Sudafed*

COMMON EXAMPLES OF CROSS REACTIVITY* IN SCREENING METHODS

Assay	Cross Reacting Interference
Amphetamines	Bupropion, OTC decongestants
Methadone	Tapentadol
Benzodiazepine	Sertraline
Tramadol	Venlafaxine
Fentanyl	Trazodone metabolite, Methamphetamine in high levels
Opiates	Oxycodone; Oxymorphone in very high levels

* This list represents a handful of common cross reacting compounds. Many others exist and have been well characterized.

AD-HOC/ADDITIONAL TEST REQUESTS

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	

AD-HOC/ADDITIONAL TEST REQUESTS

******Requests for additional testing require DCS authorization******

Add-ons for FCM Administered Testing:

- All requests for add-on testing for an FCM administered test must be sent to Cordant's Client Services Team at **NClientServices@cordanths.com**
- Please include the Chain of Custody Number and the add-on substances that need to be tested in your email.
- Cordant will obtain approval before ordering the test.

Add-ons for Cordant Administered Testing:

- FCM should include the request in the special instructions section of the referral.
  - Cordant will obtain approval
- Once approved, Cordant will add the approved testing to the random testing schedule.
- If an additional substance needs to be tested on a sample that has already been tested at the lab, send the request to **NClientServices@cordanths.com**
- Please include the accession number and the substances that need to be tested in your email.
- Cordant will obtain approval before ordering the test.

ETHANOL TESTING

ETHANOL VS ETHYL GLUCURONIDE (ETG) TESTING

- Ethyl Glucuronide (EtG) and Ethyl Sulfate (EtS) are metabolites of alcohol. Very low levels circulating in blood and therefore very low in oral fluid, if at all.
- Resulting in the same detection window as parent ethanol in oral fluid
- Due to cost and no additional value to the results, **recommend parent ethanol oral fluid testing**

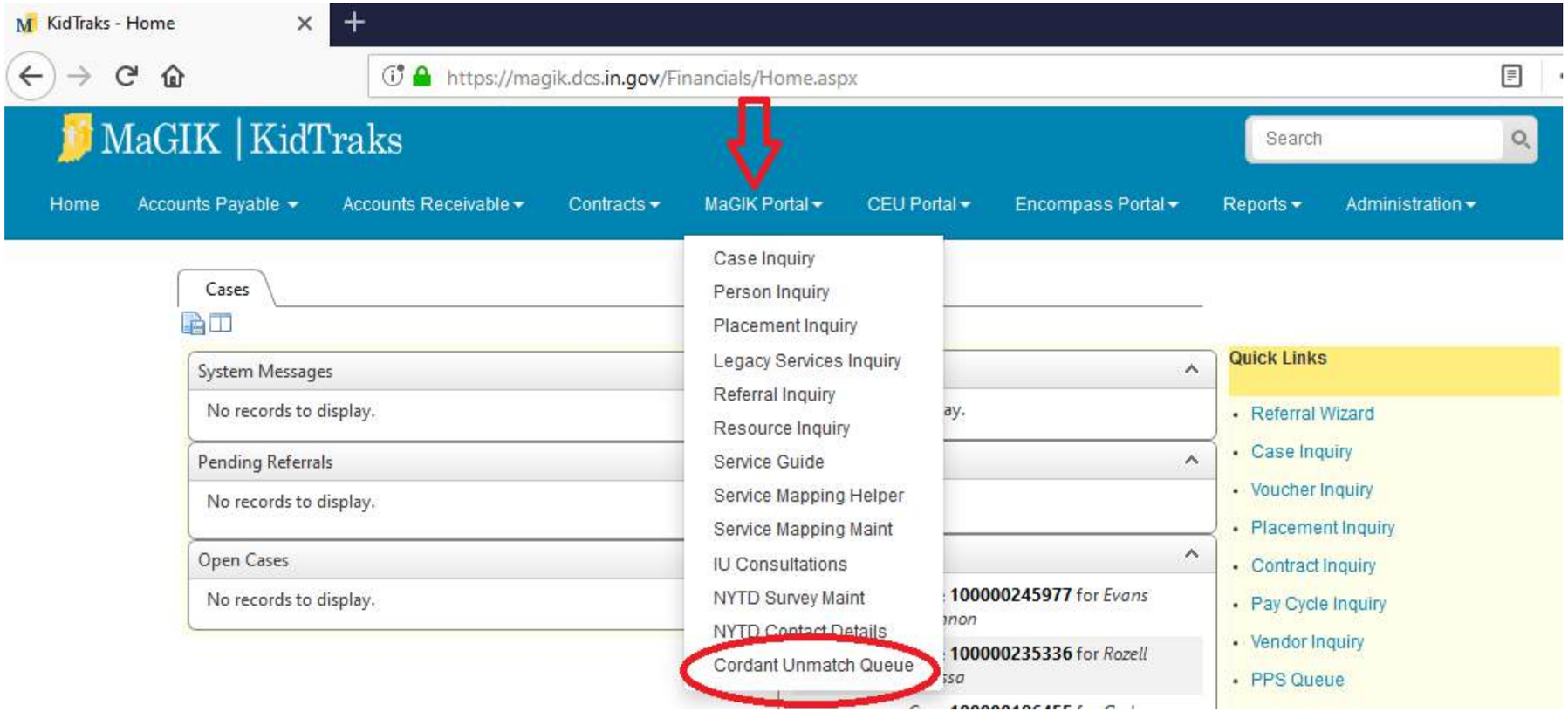
Sample	Ethanol	Alcohol Biomarkers EtG/EtS
Urine	<8–12 hours detection window	Up to 80 hours detection window
Oral Fluid	<8–12 hours detection window	<8–12 hours detection window

DO NOT dump out oral fluid buffer solution

RESULT MATCHING

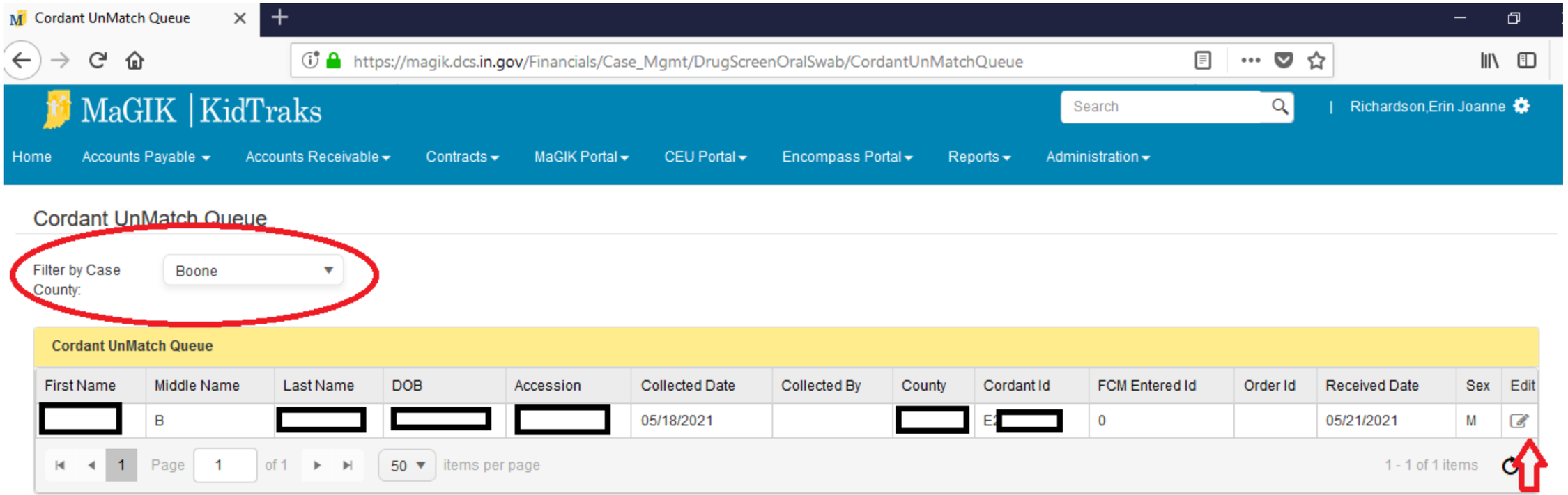
CORDANT UNMATCH QUEUE

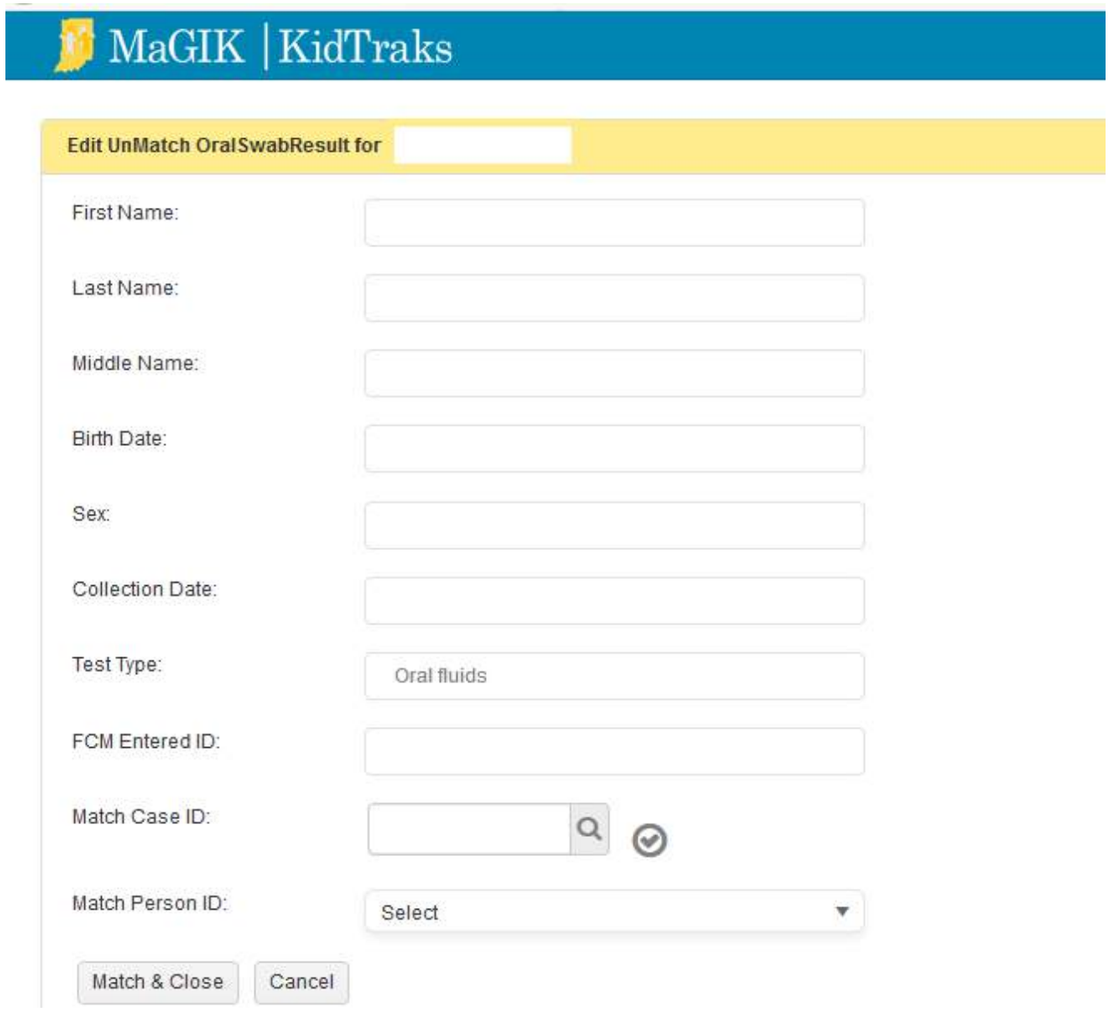
- In KidTracks, **Select MaGIK Portal** and then **Cordant Unmatch Queue**



- Queue will list by County

- Select your County
- Find the result you are looking for and **select Edit**

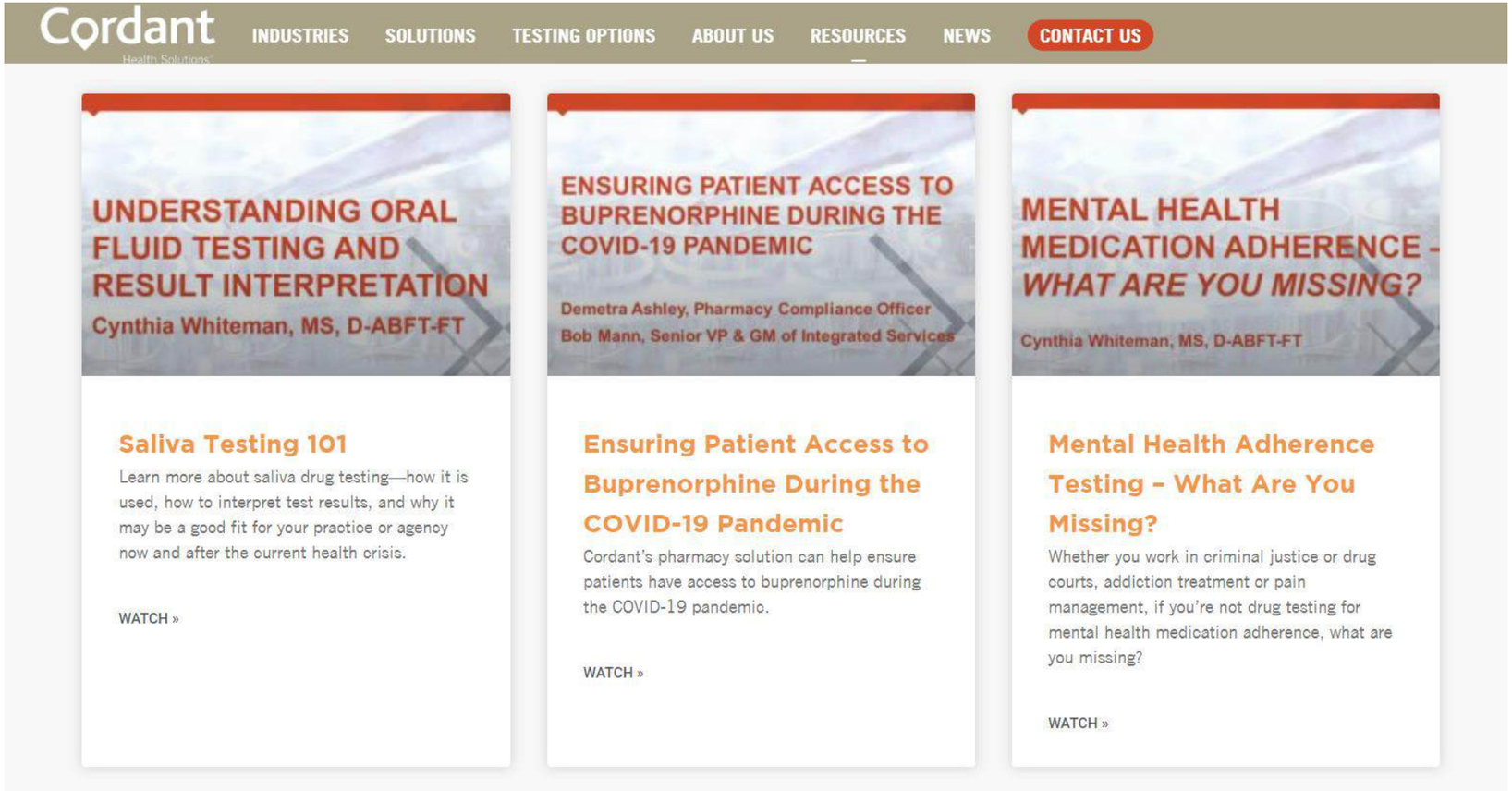




- **Fill in missing information and correct any errors**
- **Select the case ID** to match the test and person ID to match
- Then **select 'Match & Close'**

RESOURCES

TRAINING OPPORTUNITIES



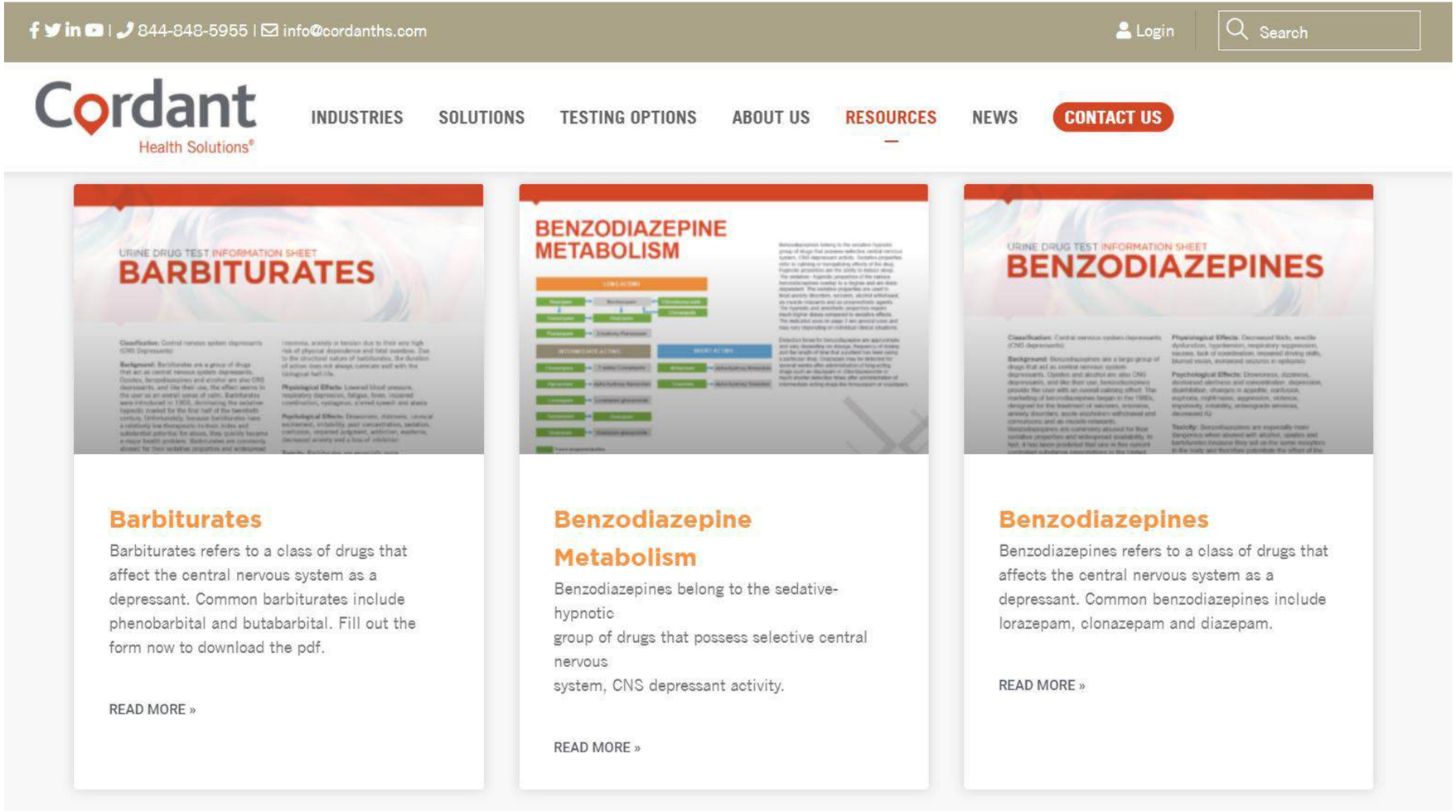
https://cordantsolutions.com/cordant-videos/

"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



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

THANK YOU FOR YOUR TIME!

- **Continued process improvement**
  - Please send feedback to Don Travis and Austin Hollabaugh

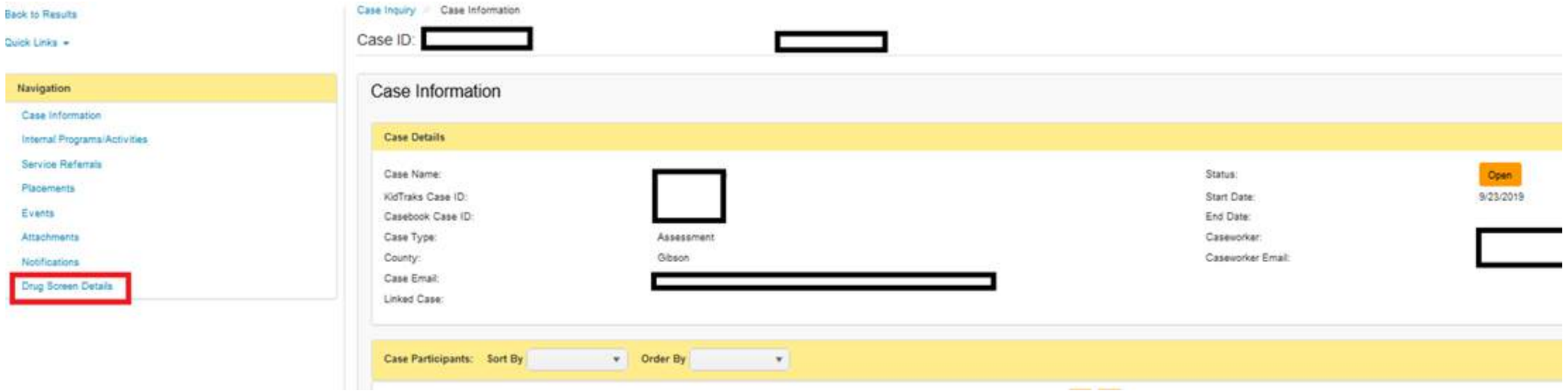
- **Questions?**

SCENARIO 1:
NO REFERRAL IN SYSTEM UNMATCHED

UNMATCHED PERSON -> MANUAL MATCH -> REFERRAL IS CREATED -> DOC'S ARE LINKED

SCENARIO 1

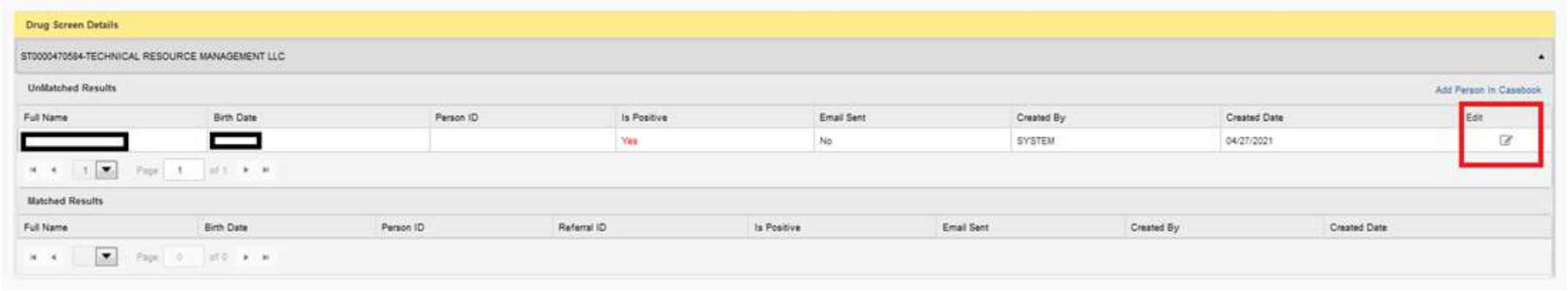
- On main case page in KidTraks you will select ‘Drug Screens Details’ from the Navigation menu

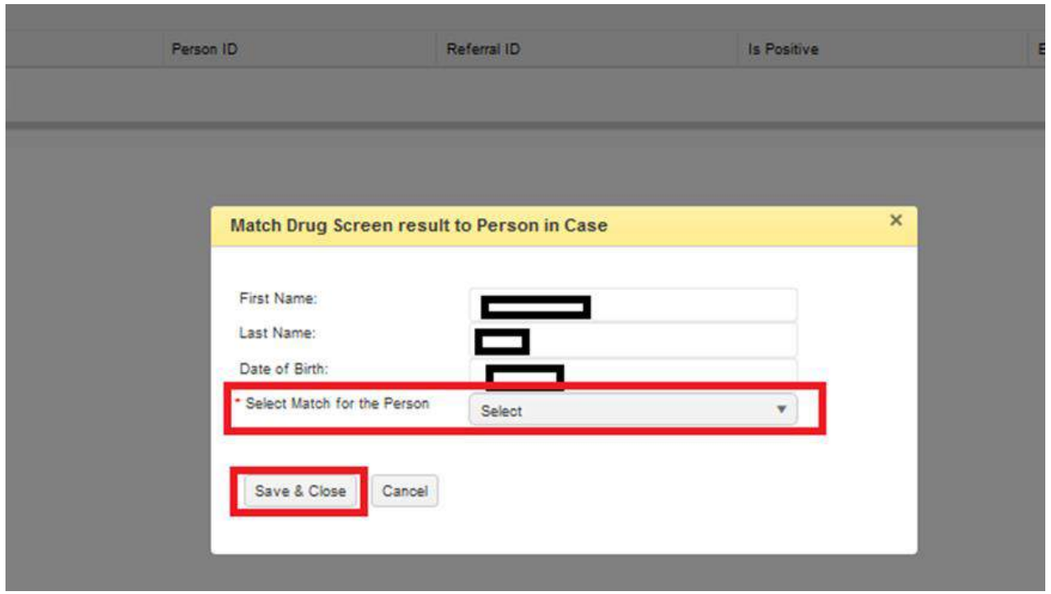


- This will show a drop down for Vendor

SCENARIO 1

- Once you drop down the list you will see any ‘Unmatched’ results as well as a listing containing ‘Matched’ results. You will need to select ‘Edit’ by the Unmatched result.



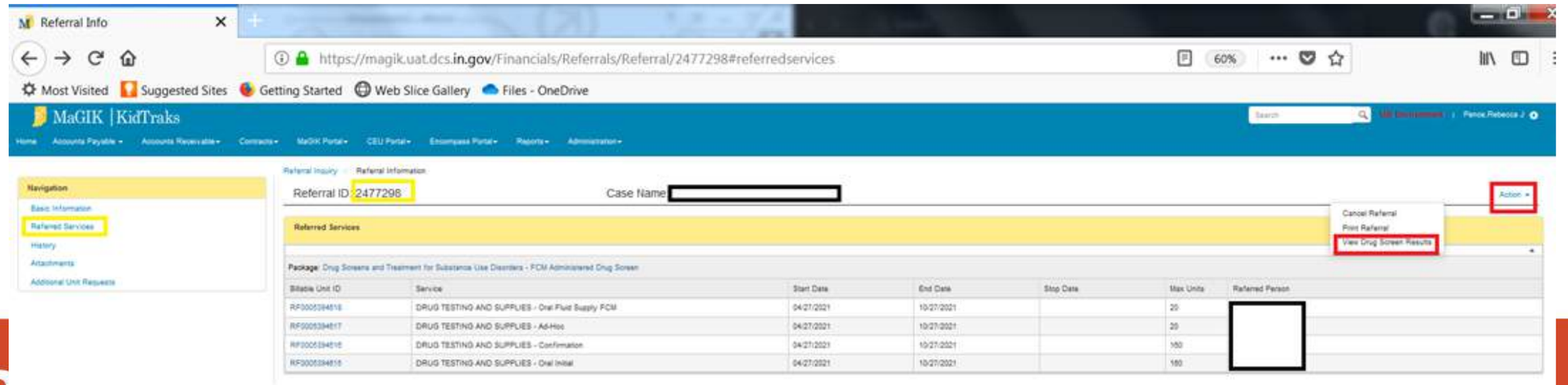


- This will bring up a text box that will allow you to connect the person with a person profile in KidTraks. You will drop down the ‘Select Match for the Person’ menu and choose the correct person profile. Then make sure to Save and Close the text box.

SCENARIO 1

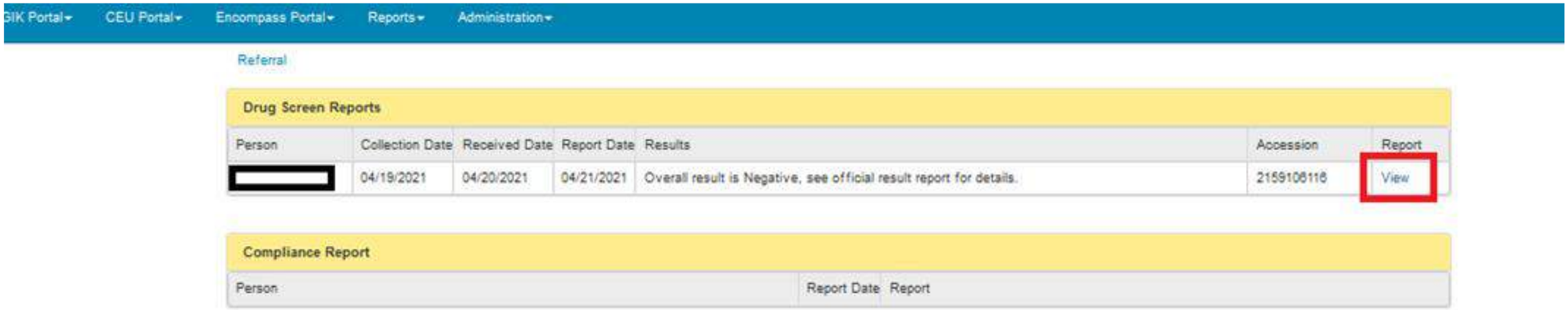
- When you go back into the 'Drug Screen Details' menu after saving you will now see this as a 'Matched' result. This will create a new referral since there was not an existing referral in the system for this individual.

- You can then open the referral in KidTraks. There you will be able to use the 'Action' drop down menu and select 'View Drug Screen Results'



SCENARIO 1

- By Matching the screen with the new referral, the drug screen results will automatically populate within the referral. Select ‘View’ to see the full screen results

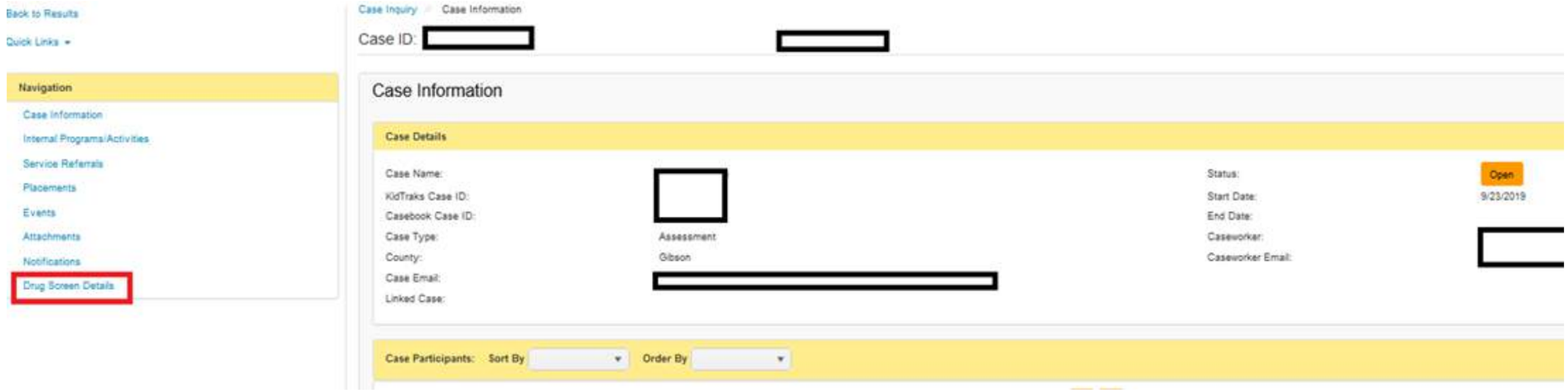


SCENARIO 2: REFERRAL IN SYSTEM UNMATCHED

UNMATCHED PERSON → MANUAL MATCH → SINCE A REFERRAL ALREADY EXISTS A NEW ONE IS NOT CREATED → DOC'S ARE LINKED

SCENARIO 2

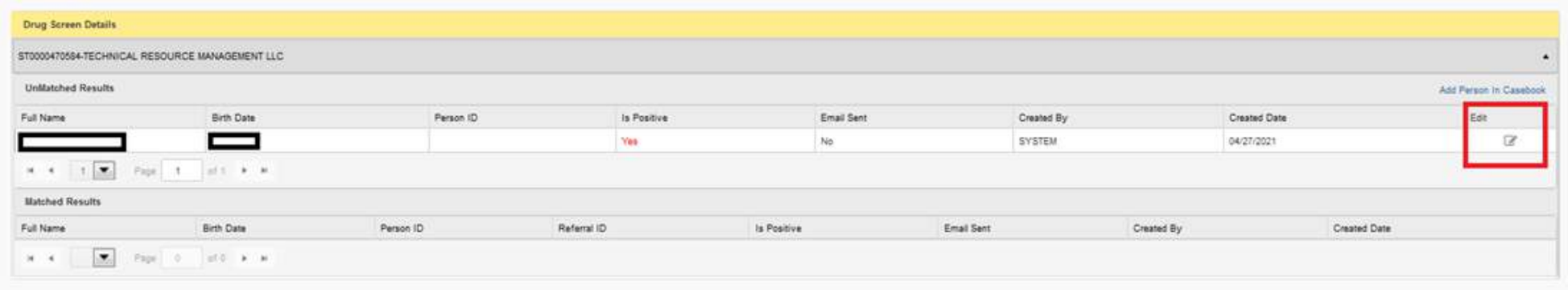
- Referral #: 2477280
- On main case page in KidTraks you will select ‘Drug Screen Details’ from the Navigation menu.

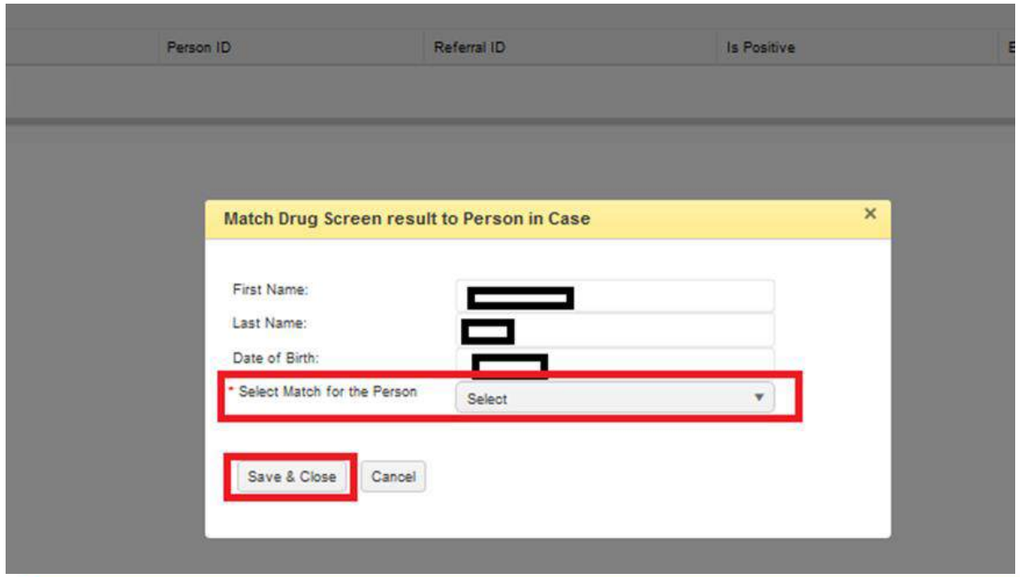


- This will show a drop down for the vendor

SCENARIO 2

- Once you drop down the list you will see any ‘UnMatched’ results as well as a list containing ‘Matched’ results. You will need to select ‘Edit’ by the UnMatched result.



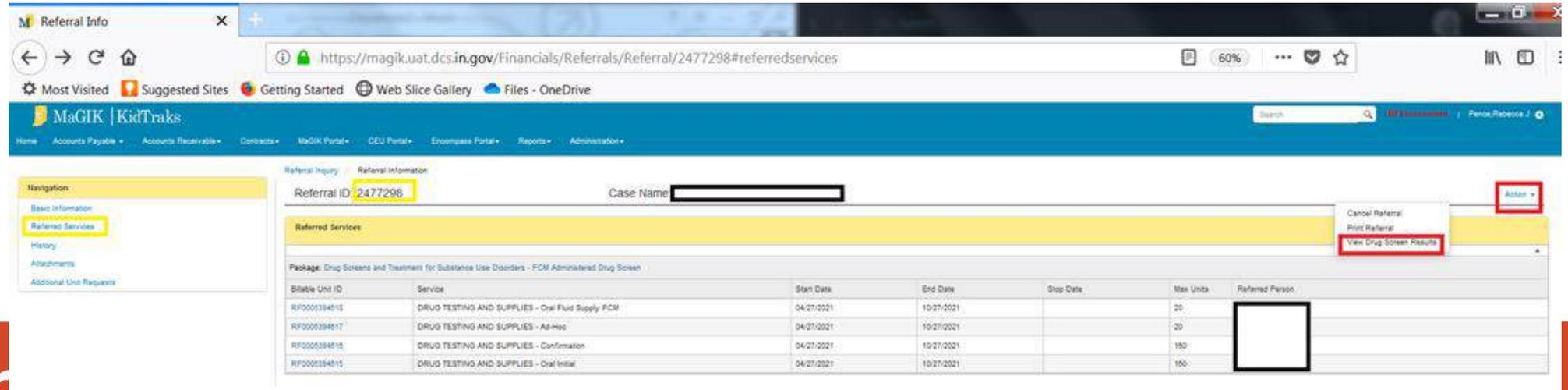


- This will bring up a text box that will allow you to connect the person with a person profile in KidTraks. You will drop down the ‘Select Match for the Person’ menu and choose the correct person profile. Then make sure to Save and Close the text box.

SCENARIO 2

- When you go back into the 'Drug Screen Details' menu after saving you will now see this as a 'Matched' result and reflect the referral you had previously created for this person.

- You can then open the referral that you had created in KidTraks. There you will be able to use the 'Action' drop down menu and select 'View Drug Screen Results', this will upload the results directly into the referral.



SCENARIO 2

Referral

Drug Screen Reports

Person	Collection Date	Received Date	Report Date	Results	Accession	Report
[redacted]	04/19/2021	04/20/2021	04/21/2021	Overall result is Negative, see official result report for details.	18896031	View

Compliance Report

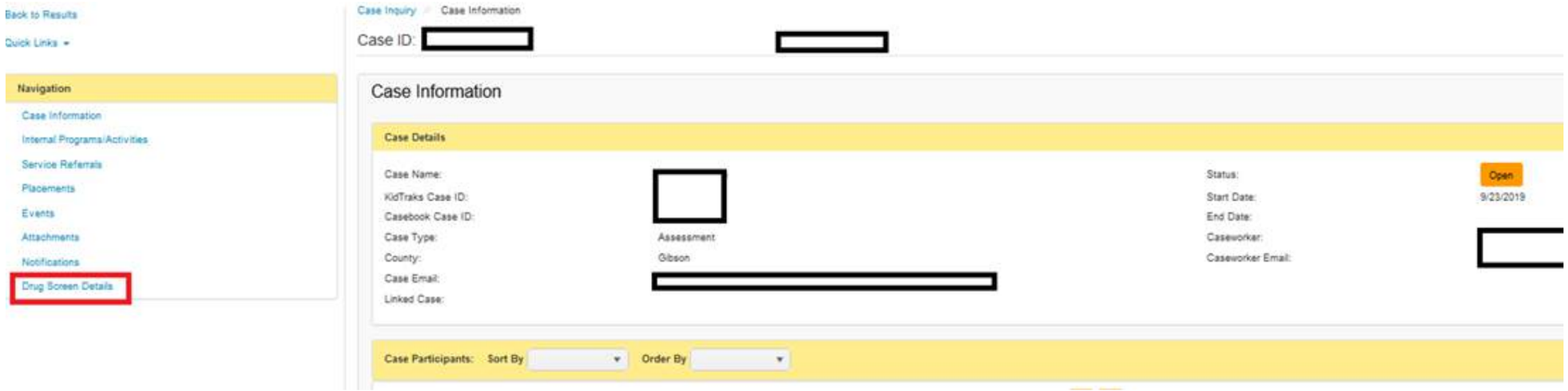
Person	Report Date	Report

SCENARIO 3:
NO REFERRAL IN SYSTEM MATCH

AUTO MATCH → REFERRAL IS CREATED → DOC'S ARE LINKED

SCENARIO 3

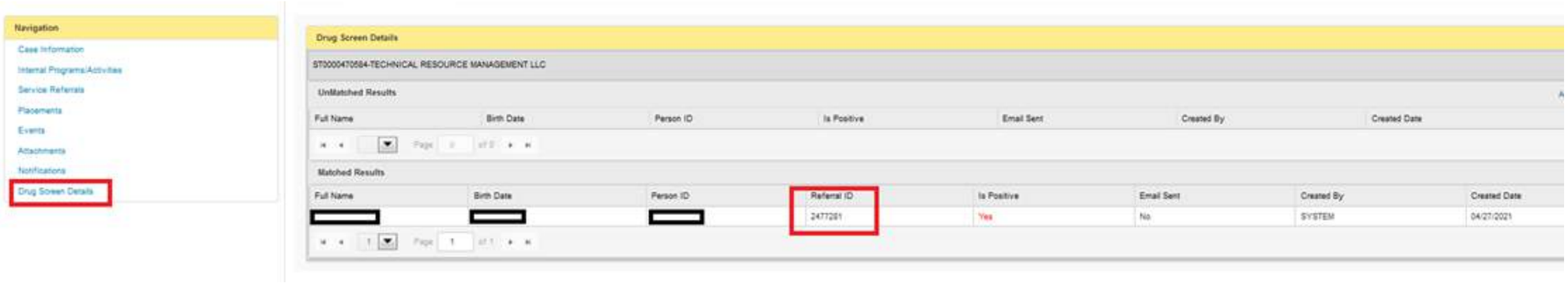
- No Action needed by FCM
- On main case page in KidTraks you will select ‘Drug Screen Details’ from the Navigation menu.



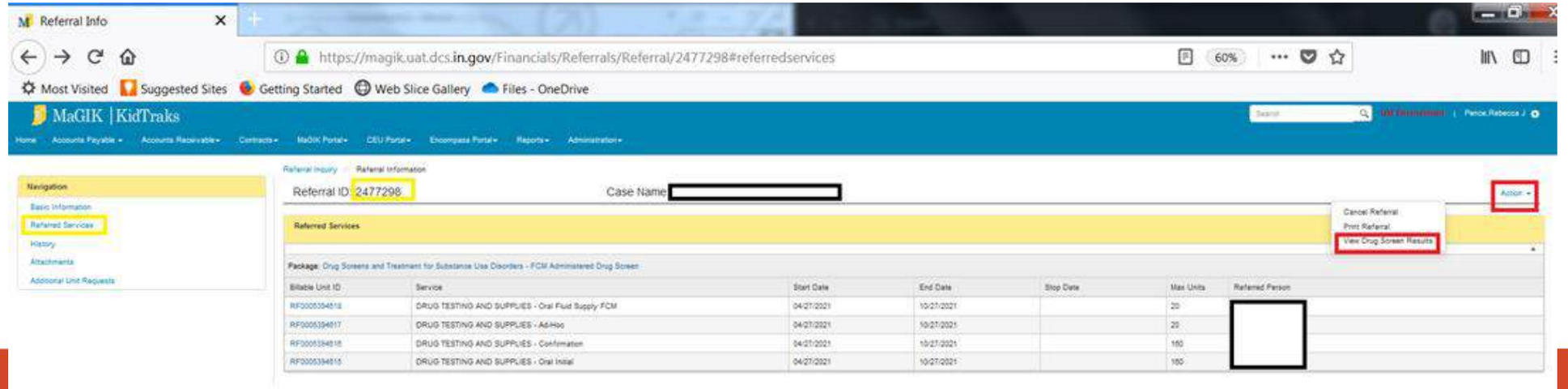
- This will show a drop down screen for the Vendor.

SCENARIO 3

- Once you drop down the list you will see both ‘Unmatched’ results as well as ‘Matched’ results. You can see the referral ID that the system created

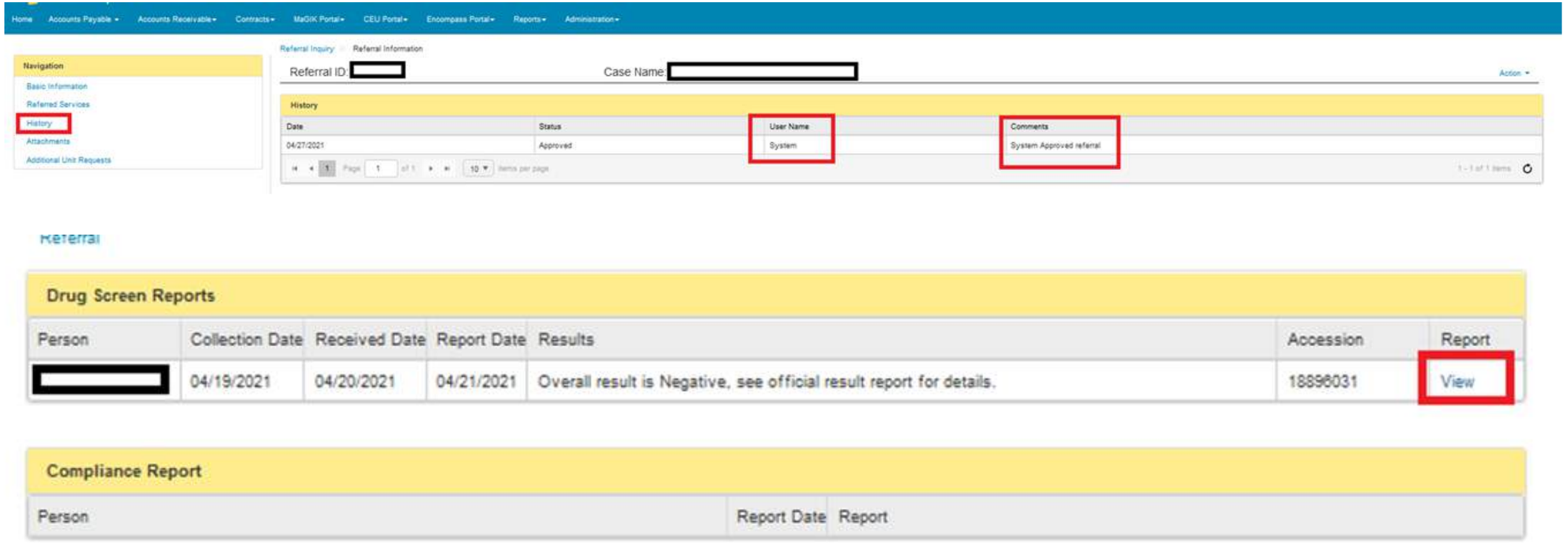


- You can then open the referral that you had created in KidTraks. There you will be able to use the ‘Action’ drop down menu and select ‘View Drug Screen Results’, this will upload the results directly into the referral.



SCENARIO 3

- If you look in the 'History' section of the Navigation menu you can also see that this referral was made by the system.

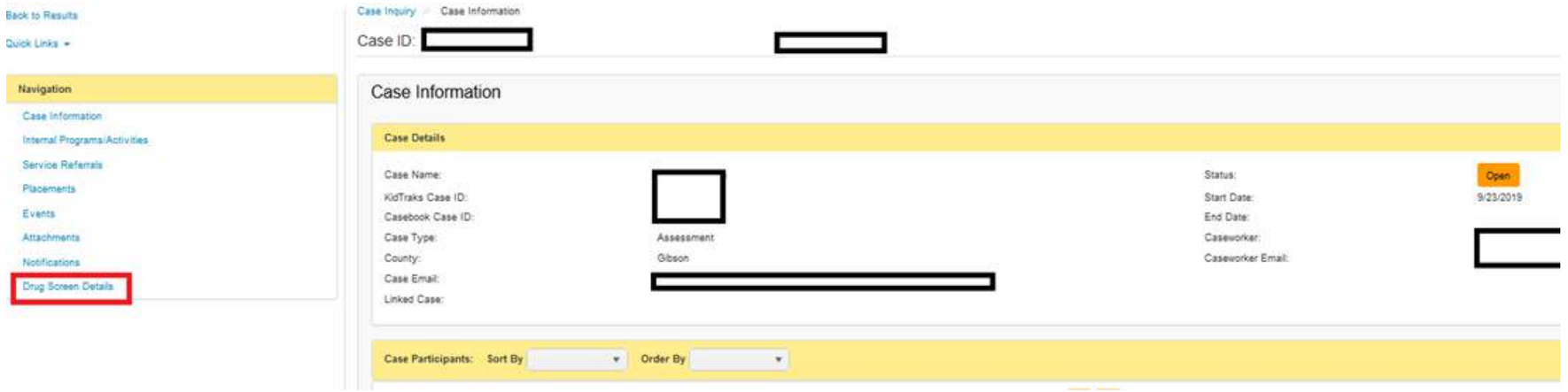


SCENARIO 4: REFERRAL IN SYSTEM MATCHED

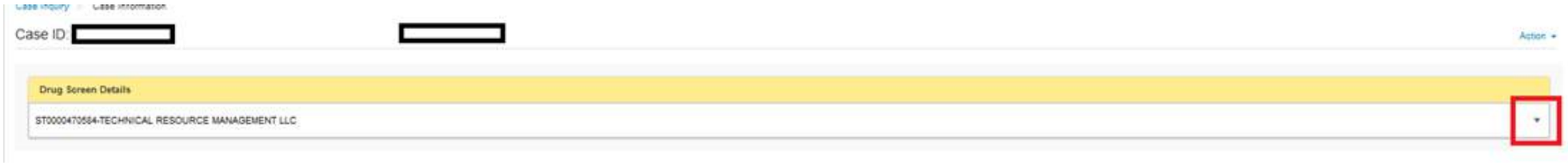
AUTO MATCH → SINCE A REFERRAL ALREADY EXISTS A NEW ONE IS NOT CREATED → DOC'S ARE LINKED

SCENARIO 4

- No Action needed by FCM
- On main case page in KidTraks you will select ‘Drug Screen Details’ from the Navigation menu.

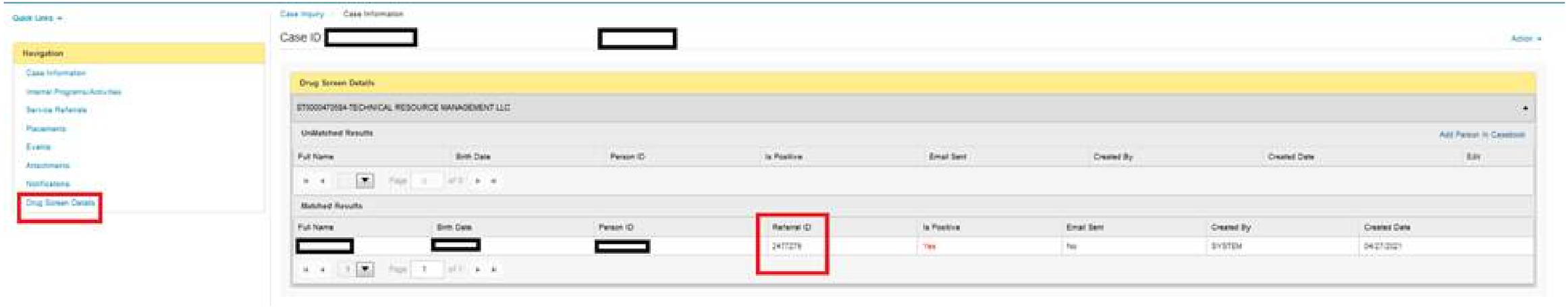


- This will show a drop down screen for the Vendor.

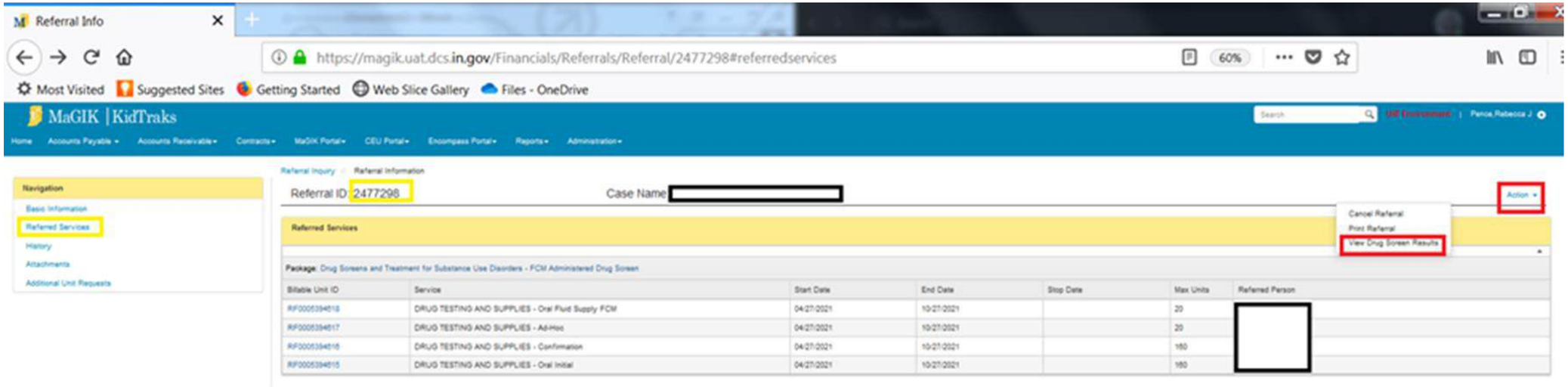


SCENARIO 4

- Once you drop down the list you will see both ‘Unmatched’ results as well as ‘Matched’ results. You can see the referral ID that the system was able to match the results to.



SCENARIO 4



Drug Screen Reports

Person	Collection Date	Received Date	Report Date	Results	Accession	Report
[redacted]	04/19/2021	04/20/2021	04/21/2021	Overall result is Negative, see official result report for details.	18896031	View

Compliance Report

Person	Report Date	Report