

## **Controlled Medication Policy Urine Drug Screen Collection Process**

1. Designated clinical staff shall:
  - a. Counsel the patient on the reasons for urine drug screening tests.
  - b. Inform the patient of the potential financial responsibility for the cost of the test but that the test is a necessary component of the controlled medication policy.
  - c. Review the list of medications the patient is actually currently taking. This would include when last dose controlled medications were taken and also questioning whether any other legal or illegal substances have been consumed that might show up in a drug screen.
  - d. Gathers/confirms the patient's identifier information.
  - e. A requisition form/order is completed and signed.
  - f. Label is put onto container with date, time and collector.
  - g. Patient verifies information on specimen container is correct and that the container provided is a sealed container.
  - h. The urine specimen is collected.
  - i. Patient to fill specimen between half and full and leave specimen in the restroom.
  - j. If patient cannot supply adequate sample amount, then a serum lab order is used and patient is sent to the lab for a blood draw before a prescription is given to the patient.
  - k. Have a supply of hand sanitizer for the patient to use post collection.
  - l. Thank the patient for his or her cooperation.
  - m. Specimen is placed in a lab bag with requisition and sent to lab.
2. Clinical drug reflex protocols will direct the need for further clinical evaluation as per provider direction.
3. Any urine drug screen discrepancy will be reviewed and documented by the prescribing provider.

The provider will:

- a. Review the patient's prescription history.
- b. Document whether the results are consistent with or discrepant from the expected results.

**PRIMARY CARE RANDOM  
URINE DRUG SCREEN SCHEDULE**

<b>Month</b>	<b>Last Names Beginning in</b>
January	F, G, O, H, U
February	E, P, C, K, T
March	D, M, I, L
April	A, N, J, Q
May	B, Y, S, V, Z
June	R, H, O, W
July	U, C, P, X
August	G, T, E, A
September	S, F, I, Q
October	L, V, D, N, Y
November	J, W, Z, M
December	K, X, R, B