

283.532 Drug screen training new

Copy of version 1.0 (approved and current)

Last Approval or
Periodic Review Completed 3/26/2024

Next Periodic Review
Needed On or Before 3/26/2026

Effective Date 3/26/2024

Uncontrolled Copy printed on 3/26/2024 10:08 AM

Printed By Elizabeth Treece

Organization West Texas VAHCS

Comments for version 1.0

Initial version

Approval and Periodic Review Signatures

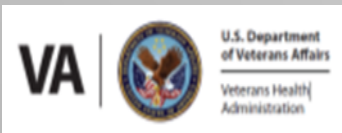
Type	Description	Date	Version	Performed By	Notes
Approval	Lab Director	3/26/2024	1.0	<i>yahyaelshimali</i> JohnYahya Elshimali	

Version History

Version	Status	Type	Date Added	Date Effective	Date Retired
1.0	Approved and Current	Initial version	3/22/2024	3/26/2024	Indefinite

POINT OF CARE URINE DRUG SCREEN COLLECTION, TESTING AND REPORTING FOR WEST TEXAS VA

USING AMERICAN SCREENING
CORPORATION PRECISION PLUS
MULTI PANEL DRUG TEST



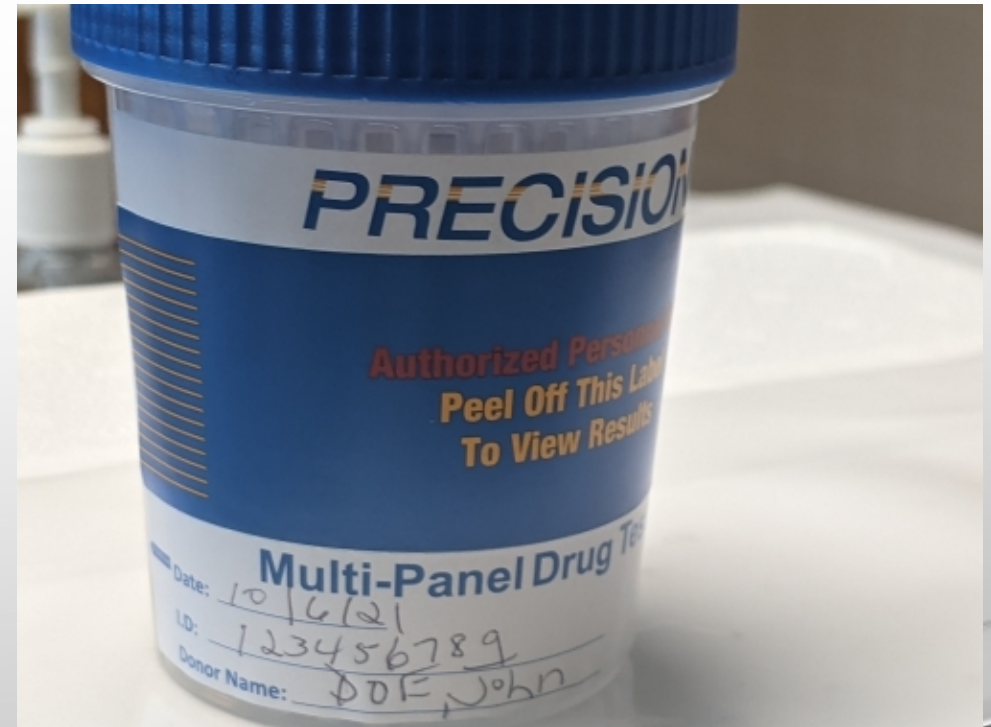
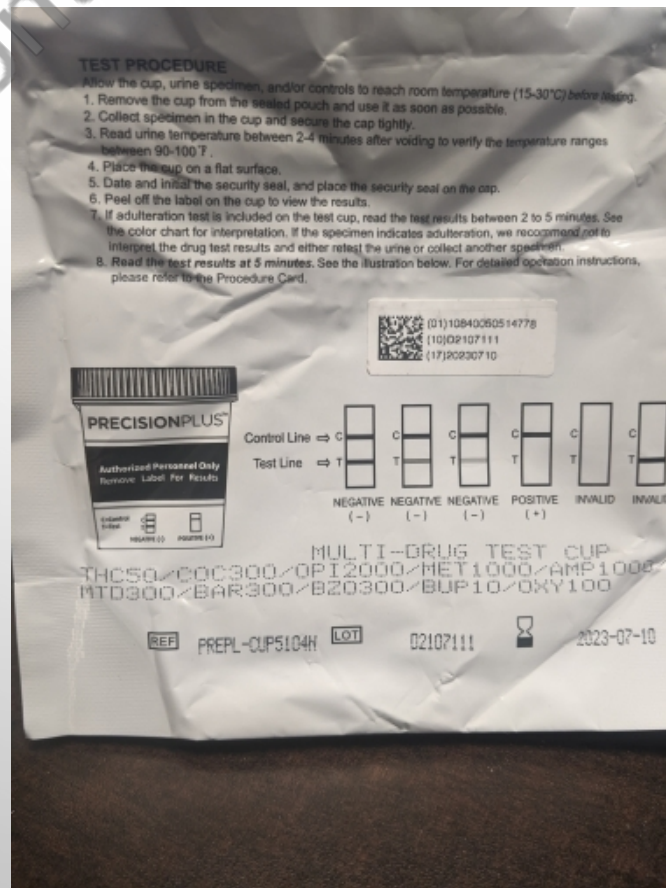
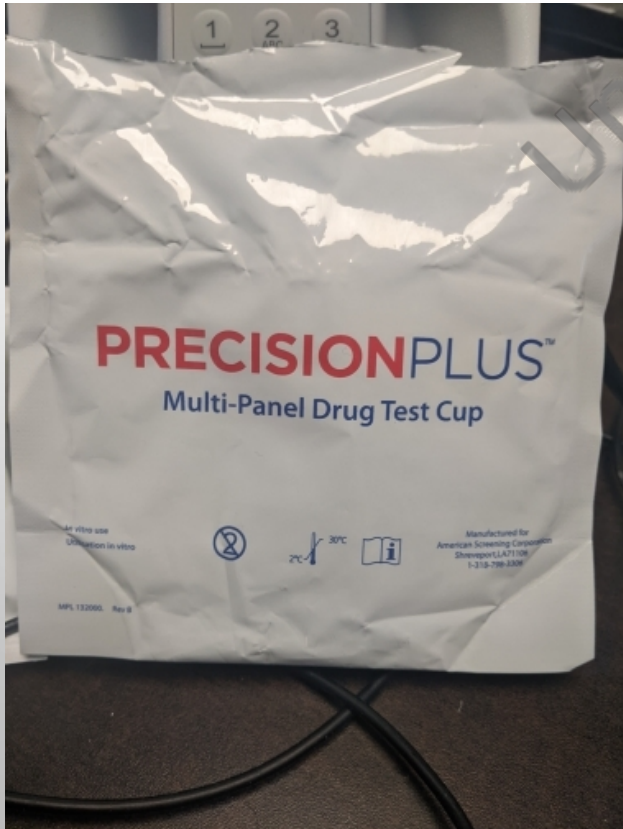
USE THIS CUP TO COLLECT SAMPLES FOR DRUG SCREEN . CUP
MUST BE LABELED WITH 2 IDENTIFIERS, DATE AND TIME OF
COLLECTION.

NOTE: IF A DRUG SCREEN IS ALL YOU NEED THEN THE PATIENT
CAN COLLECT SAMPLE IN TESTING CUP, HOWEVER URINE MUST
COME TO THE MINIMUM FILL LINE.

NOTE: BOTH CUPS MUST BE COLLECTED IF YOU WANT
CONFIRMATION TESTING TO BE DONE OR IF A VALIDATION STUDY
IS BEING DONE.



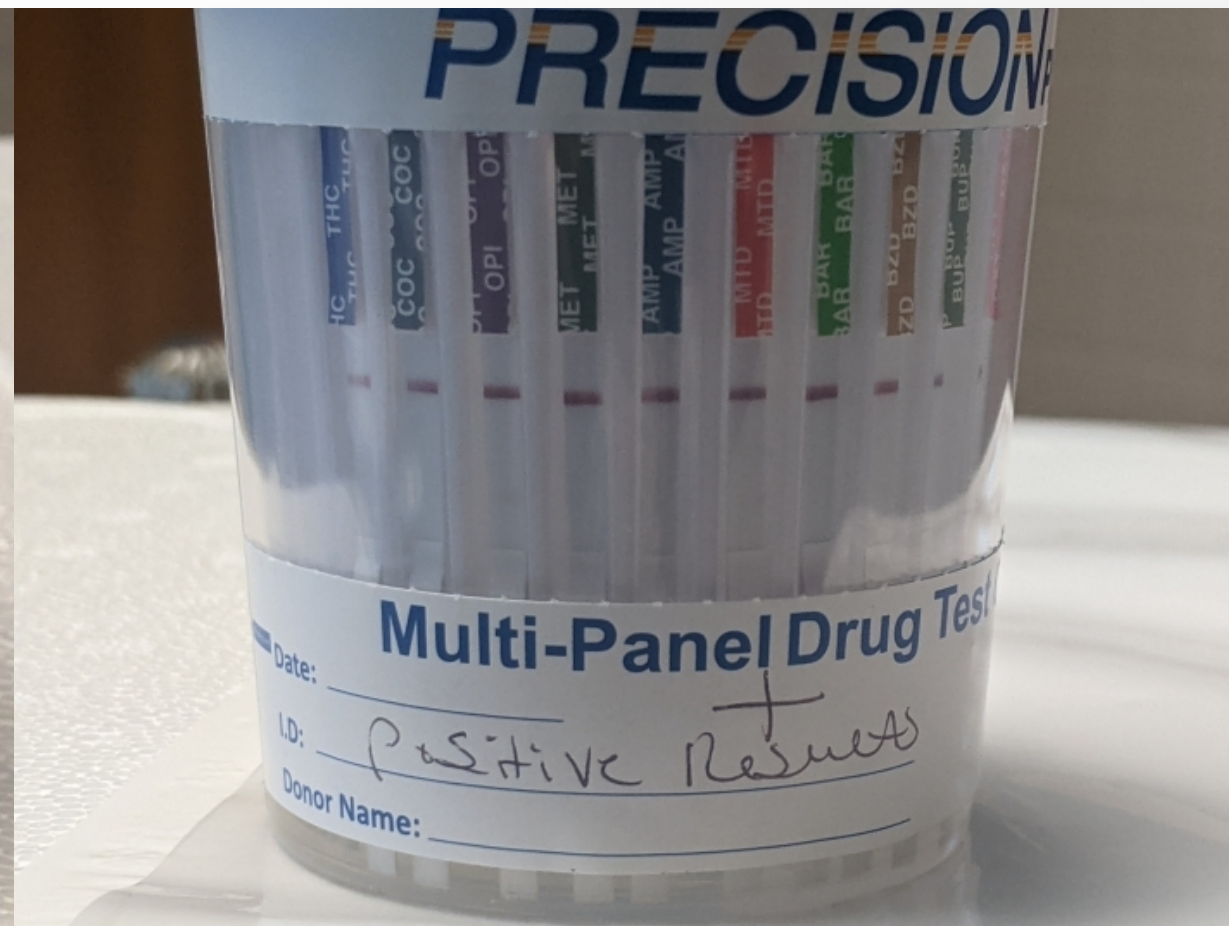
POUR OFF PATIENT URINE SAMPLE FROM ORANGE CAPPED CUP. FOLLOW DIRECTIONS FOR TESTING AND RESULT INTERPRETATION ON THE PACKAGE. DO NOT USE EXPIRED CUPS. MAKE SURE CUP IS LABELED WITH AT LEAST TWO PATIENT IDENTIFIERS AND COLLECTION DATE AND TIME. **DO NOT SEND PRECISION CUP TO LAB FOR CONFIRMATION TESTING. DO NOT POUR OFF SAMPLE FROM PRECISION CUP TO OTHER CONTAINERS.**



AFTER SAMPLE IS PLACED INTO TEST CUP, PEEL BACK LABEL AND READ RESULTS AT 2 TO 4 MINUTES. DO NOT INTERPRET RESULTS AFTER 5 MINUTES

IMAGE BELOW SHOWS NEGATIVE RESULTS POSITIVE RESULTS

IMAGE BELOW SHOWS



GENERAL INFORMATION

- TEMPERATURE IS NOT ACCURATE IF READ MORE THAN 4 MINUTES FROM COLLECTION.
- ADULTERANT TESTS SHOULD BE INTERPRETED WITH CAUTION IN PATIENTS WITH RENAL DISEASE AFFECTING CREATININE CLEARANCE.
- THIS TEST REQUIRES A MINIMUM OF 20 MILLILITERS OF URINE. IF THERE IS LESS THAN 30 MILLILITERS OF URINE COLLECTED DECIDE WHICH TESTS HAVE PRIORITY. PLEASE NOTE: VOLUME OF URINE FOR DRUG SCREEN AT MAIN LAB IS LESS THAN A MILLILITER.
- FENTANYL IS NOT AVAILABLE AT POINT OF CARE HERE AT THIS TIME.
 - a. POINT OF CARE DRUG SCREEN 20ML
 - b. URINALYSIS 4 ML
 - c. MICROALBUMIN PANEL 1 ML
 - d. CONFIRMATION OF POSITIVE IF REQUIRED 5 ML

CONTROLS

- CONTROLS SHOULD BE RUN WITH EACH NEW SHIPMENT AND EACH NEW LOT NUMBER
- CONTROLS SHOULD NOT BE RUN BY THE SAME PERSON EACH TIME.
- A LOG SHEET WILL BE PROVIDED FOR DOCUMENTING THE CONTROLS.
- CONTROLS MUST BE STORED IN THE REFRIGERATOR AND WARMED TO ROOM TEMPERATURE BEFORE USE.
- IF CONTROLS DO NOT PROVIDE ACCEPTABLE RESULTS DO NOT USE THE KIT LOT. CONTACT THE MAIN LAB FOR ASSISTANCE.

RESULTS FOR EACH DRUG, THE INTERNAL QUALITY CONTROL, SPECIMEN TEMPERATURE, ARE ALL REQUIRED. **DO NOT REPORT PATIENT RESULTS IF INTERNAL QUALITY CONTROL IS NOT ACCEPTABLE.** REPEAT TESTING WITH A NEW CUP AND FRESH SAMPLE OR REMAINING SAMPLE IF YOU GOT A SECOND CUP.

NOTE THE INTERNAL QUALITY CONTROL ENTER THE CUP LOT NUMBER AND EXPIRATION DATE UNDER COMMENTS.



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