School Drug Testing
– A service from LabPLUS, Auckland City Hospital

Introduction

High Schools are experiencing an increase in drug and alcohol abuse by their students both in and out of school. Part of the school's policy on managing this trend may be the requirement to have the student's urine tested for drugs especially cannabis and occasionally methamphetamine (P). This could be for counselling and compliance reasons. A robust, but non-evidential process for this type of testing has been developed by LabPLUS, Auckland City Hospital to stop adulteration and cheating.

The SDOA kitset

A simple kitset has been developed that contains the following components
1. Urine collection cup with temperature strip
2. A yellow-top urine container (60 ml)
3. A security seal
4. A Biohazard bag for urine container and request form
5. A tamper proof custody bag for the sample, biohazard bag and request form.

LabPLUS, PO Box 110031, Auckland City Hospital, Grafton
Building 31, Auckland City Hospital, Gate 4, Grafton Rd., Auckland
Tel 0800 522 7587, 09 307 8995, email lablink@adhb.govt.nz, www.labplus.co.nz

1. Unisex Urine collection cup with Temperature strip
2. Yellow-top urine container
3. A security seal
4. A biohazard bag for urine container and request form
5. A tamper proof custody bag for the sample, biohazard bag and request form.

The Request Form

A special laboratory request form as been developed to contain the client details, collection information, known medications and other substances taken, testing requirements and client consent. This form will be modified with the High Schools name, contact details and report destination once a programme has been set-up with the school and LabPLUS. Another copy is detailed in Appendix 1 of this document

Specimen Number	DRUG TESTING REQUEST FORM LabPLUS – Auckland City Hospital		Client Code:
Time Taken	Family Name	First Name	Report to:
Date taken	ID Number Sex: F M	Date of Birth	Copy to:
Collector	Address		Received Lab
Photo ID details:	Witness Collection Yes ☐ No ☐	Temp within Range 32 – 38OC Yes ☐ No ☐ Temp:	Seal number

Urine Drug Tests requested

☐ Amphetamines ☐ Cannabinoids
☐ Opiates ☐ Other (please specify)

Medications - Please state type and when taken in the last 2 weeks:

☐ Cough, Cold or Allergy	☐ Pain Killers
☐ Diet Pills	☐ Sleeping Pills
☐ Anti-inflammatory	☐ Mood altering medication
☐ Vitamin / Minerals	☐ Others e.g. stimulants

I hereby acknowledge that the specimen accompanying this form is my own and I have consented to the specimen being given. I consent to the specimen being tested as stated on the form and to the test results being released to my school, parents, guardian or such other person who has requested the test. I understand that the results will not be used for any other purpose other than for internal disciplinary reasons.

Donor Signature: Date:

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Collection process

It is recommended that the collection is done by a School Nurse or a suitable person in the school e.g. councillor. If this is not possible, then arrangements can be made with the Local Medical Laboratory or Medical Practice, however this would involve an additional collection charge and is far more cumbersome. Training documents are available as a visual aid from LabPLUS for the collection staff and is also outlined below.

COLLECTION OF URINE SAMPLES FOR DRUG SCREENING
Schools DOA PROGRAMME

General Precautions: shall be taken to ensure that a urine sample cannot be adulterated or diluted during the collection procedure and that the information on the urine bottle and the documentation can identify the individual from whom the sample was collected.

Collection Procedure: The procedure shall be as follows:

a) The client is requested to remove top clothing such as coats, jackets and heavy clothing
b) The client will thoroughly wash their hands and remain in the presence of the collector
c) The client shall provide the specimen in a stall (using the unisex collection cup with temperature strip #1) or otherwise partitioned area that allows for individual privacy.
d) Upon receiving the specimen, the collector shall determine that there is sufficient sample to enable all of the required testing to be performed
e) Check that the temperature displayed on the temperature strip is between 32 and 38 degrees Celsius when read no longer than 90 seconds after voiding.
f) The sample will be poured into the yellow top container (#2) provided containing no less than 15mls of urine.
g) Ensure the yellow top is secured tightly to prevent any leaks.
h) After the specimen has been provided and submitted to the collector, the client shall be allowed to wash his/her hands
i) Both the collector and the client shall keep the specimen in view at all times prior to it being labelled and placed in the security bag for dispatch to the testing Laboratory.

Preparation for Dispatch to LabPlus:

The collector and the client shall be present during the procedures 1) to 4).

1) Label the urine specimen. The label should contain two points of client ID, the date and time of collection and the collector's initials.
2) The security seal (#3) is signed and dated by the client. The lid of the urine specimen container is then secured with the seal and the detachable seal number fixed to the box on the request form.
3) The collector will enter on the Request form the information required.
4) The specimen shall be placed in the biohazard bag (#4) and the request form placed in the pocket on the side of the bag.
5) The biohazard bag with the specimen and request form is placed in the Chain of custody tamper proof security bag (#5) and sealed.
6) Store in a secure and refrigerated place until dispatch by courier to LabPLUS
7) The security pouch containing the samples can be couriered to LabPLUS using the contact details provided with the blue courier bag or the pre-paid post haste courier pouch.

BLUE COURIER BAGS (Within Auckland): URGENT COURIERS Tel **09 307 3555**
POST HASTE COURIER BAGS (Outside Auckland): COURIER SOLUTIONS 0800 771 747

Recommended General Precautions for Handling Urine Samples

The handling and collection of human urine may constitute an infectious hazard. When handling samples appropriate precautions should be observed.

- Gloves should be worn at all times
- Disinfect all spills immediately.

Pricing

This programme is run on a fee for service basis. Drug testing of students for disciplinary reasons is not funded by the primary health budget. The most convenient way is for the school to be invoiced for the kits, courier bags, a collection fee if done by a lab or medical centre and the test analysis. Depending on school policy, this is recovered in most cases from the student or student's family. Collection of money by the Lab at point of contact is not desirable. The LabPLUS policy is to invoice the school or collection agency if done by a third party.

The fees are as follows.

Cannabis assay	$9.00 + GST
Amphetamine assay	$9.00 + GST
SDOA kitset	$5.00 + GST
Courier fee to LabPLUS (Pre-paid Courier bag)	$6.00 + GST
Collection fee (optional) RRP	$9.00 + GST

Example: Urine collected for Cannabis at a Lab collection centre outside Auckland

Cannabis	$9.00 + GST
SDOA Kit	$5.00 + GST
Recommended collection fee	$9.00 + GST
Courier Fee	$6.00 + GST
Total	***$29.00 + GST = $32.63***
As above plus amphetamine (P)	+$9.00 + GST
Total	***$38.00 + GST = $42.75***

Results

The results can be mailed to the school.

Frequency of collection

If a student is considered impaired at school or is caught actively using, then sample collection should be immediate. If the student is on a drug free behaviour bond, then random testing once a term is probably sufficient unless circumstances indicate otherwise, then more frequent testing should be considered.

Other issues

BZP; So called "herbals" or "party pills" contain Benzylpiperazine and when ingested may show a positive urine amphetamine test. Their use is currently legal in New Zealand with recommendations (not restrictions) to be sold only those over 18 years of age. Local School policy will dictate their acceptability on campus, but the general consensus is they should be considered in a similar light to alcohol and nicotine use.

To Set up Collection and Testing

1. The school should contact Cheryle Dyson or Ross Hewett at LabPLUS, Auckland City Hospital to initiate the process. A client acceptance of services form is required to be completed prior to any testing. (refer appendix 2).

Cheryle Dyson, Customer Support Officer, LabPLUS.
Tel 09 307 4949 ext 5561; email cdyson@adhb.govt.nz; Mob 021 774 313

Ross Hewett, Business Development manager, LabPLUS.
Tel 09 307 4949 ext 5466; email rossh@adhb.govt.nz; Mob 021 439 388

Appendix 1: School Drug Testing request Form

Specimen Number		**DRUG TESTING REQUEST FORM** **LabPLUS High School**		Client Code:
Time Taken	Family Name	First Name		Report to:
Date taken	ID Number	Sex F M	Date of Birth	Copy to:
Collector	Address			Received Lab
Photo ID details:	Witness Collection Yes ☐ No ☐	Temp within Range 32 – 38OC Yes ☐ No ☐ Temp:		Seal number

Urine Drug Tests requested ❑ Amphetamines ❑ Cannabinoids ❑ Opiates ❑ Other (please specify)	**Contact details:** Address: Tel: email:

Medications - Please state type, proprietary name (e.g. Condral) and when taken in the last 2 weeks:

❑ Cough, Cold or Allergy	❑ Pain Killers
❑ Diet Pills	❑ Sleeping Pills
❑ Anti-inflammatory	❑ Mood altering medication
❑ Vitamin / Minerals	❑ Others e.g. stimulants

I hereby acknowledge that the specimen accompanying this form is my own and I have consented to the specimen being given. I consent to the specimen being tested as stated on the form and to the test results being released to my school, parents, guardian or such other person who has requested the test. I understand that the results will not be used for any other purpose other than for internal disciplinary reasons.

Donor Signature: Date:

Draft Copy, Do Not Use

Appendix 2

LabPLUS use only:
Client / Debtor code:

Pricing code:

ACCEPTANCE OF SERVICES PROVIDED BY LABPLUS

CLIENT ACCOUNT SETUP FORM

Please fill in this form and return to: ***Ross Hewett, Business Development Manager, LabPlus, P.O.Box 110031, Auckland City Hospital, Grafton, Auckland.***

Company / School Name_____

Address_____

_____

Contact Person_____

Position_____

Contact Telephone _____Fax _____

EmailAddress_____Mobile_____

Invoicing Address_____

_____

Results destination (if different to above)

Contact Person_____

Position_____

Address_____

Contact Telephone _____Fax _____

Email Address _____Mobile_____

Signed _____**Date** _____