

PRO URINE TESTING

Please read through these instructions before starting the collection process.

Chain of Custody important procedure to ensure collection of urine samples is done correctly. If paperwork or process is done improperly, enforcement of a failure can be put in jeopardy.

**Note: additional fees will be assessed by the lab when paperwork is submitted incorrectly.*

WHO IS TESTED?

Pro Show:

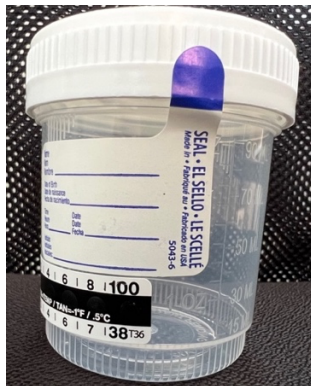
- Top 3 cash prize recipients.

Random Athletes:

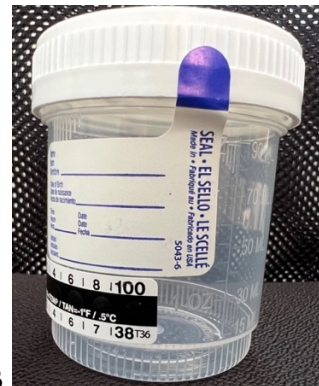
- As directed by the OCB or event promoter.

IMPORTANT!

- ATHLETE MUST BE ESCORTED ALONE DIRECTLY FROM STAGE TO COLLECTION AREA.
- ATHLETE CANNOT BRING ANYTHING INTO THE RESTROOM.
- COMPLETE THE ENTIRE PROCESS BELOW **1 ATHLETE AT A TIME**.
- DO NOT COMPLETE ANY OF THE PAPERWORK IN ADVANCE.
- ATHLETES SHOULD BE OFFERED A BOTTLE OF WATER TO DRINK WHEN THEY STEP OFF STAGE.
- ATHLETES SHOULD BE GIVEN UP TO 2 HOURS TO PROVIDE A SAMPLE. IF AN ATHLETE HAS DIFFICULTY, CANNOT PROVIDE A SAMPLE OR LEAVES WITHOUT PROVIDING A SAMPLE, ALERT THE PROMOTER IMMEDIATELY.



SAMPLE A



SAMPLE B

STEP 1: Open (break sterile seal) specimen cup A in competitor's presence and give to him/her.

STEP 2: Competitor provides a urine sample filling the collection cup A at least 2 fluid ounces

STEP 3: Complete all of the marked areas on the sample form



Drug Testing Custody and Control Form



Specimen ID : 00017935

COMPLETE ALL SECTIONS OF FORM THAT APPLY

Testing Authority <u>UCB</u>		Program/Sport _____	
Report To _____		Discipline _____	
Invoice To _____		Temp Logger ID _____	
Sample Type <input checked="" type="checkbox"/> Urine <input type="checkbox"/> Blood/Serum <input type="checkbox"/> Saliva <input type="checkbox"/> DBS	Test Request (select all that apply) <input type="checkbox"/> In-Competition Panel <input checked="" type="checkbox"/> Out-of-Competition Panel <input type="checkbox"/> Other Urine Panel (describe below)	<input type="checkbox"/> ESAs <input type="checkbox"/> IRMS <input type="checkbox"/> GHRFs <input type="checkbox"/> Other (describe below)	<input type="checkbox"/> CBC (purple top) <input type="checkbox"/> hGH Isoform (gold top) <input type="checkbox"/> hGH Biomarker (gold top)
Description: _____		Description: _____	
Sample Collection Information			
Sample Collector _____			
Event or Activity _____			
Sample Information Sample Collection Date _____ Sample Collection Time _____		Gender Male <input type="checkbox"/> Age <input type="checkbox"/> Female <input type="checkbox"/>	
Sample On-Site Assessment			
pH _____			
Specific Gravity 1.0 _____			
Donor Information			
Name: <u>Athlete's First & Last Name</u>			
ID # _____		Type of ID _____	
Donor Affidavit			
I certify that I provided this specimen. The specimen was under my control until the collector packaged the specimen in the vials and applied the security seal(s). The security seal(s) are numbered with the same specimen ID number on the form.			
Donor Signature <u>Athlete's Signature</u>		Date _____	
Collector Affidavit			
I certify that the donor provided the specimen on this date in accordance with the specified collection procedures. I further certify the specimen was given to me by the donor and was packaged and sealed and will be released to the courier identified below.			
Collector's Signature <u>Urine Collector's Signature</u>		Date _____	
Courier Information			
Specimen Released To _____		Tracking ID _____	
(Name of Delivery Service)			

White - Testing Authority Yellow - Donor Pink - SMRTL

00017935	00017935	00017935	00017935
BOX SEAL	BOX SEAL	00017935 SPECIMEN ID NO. <input type="checkbox"/> A VIAL <input type="checkbox"/> B VIAL	<input type="checkbox"/> PLACE OVER CAP
00017935	00017935	00017935 SPECIMEN ID NO. <input type="checkbox"/> A VIAL <input type="checkbox"/> B VIAL	<input type="checkbox"/> PLACE OVER CAP
00017935	00017935	00017935 SPECIMEN ID NO. <input type="checkbox"/> A VIAL <input type="checkbox"/> B VIAL	<input type="checkbox"/> PLACE OVER CAP
00017935	00017935	00017935 SPECIMEN ID NO. <input type="checkbox"/> A VIAL <input type="checkbox"/> B VIAL	<input type="checkbox"/> PLACE OVER CAP

Return to SMRTL with all unused copies

STEP 4: Open a second urine collection container in front of the athlete.

STEP 5: Ask the athlete to watch as you pour half of their original sample (aka: SAMPLE A) onto the 2nd container (SAMPLE B). Explain that this sample can be tested if the athlete fails SAMPLE A.

STEP 6: Seal both containers so the cap is on straight and tight.

STEP 7: Peel the "A Vial" label from the paperwork and place it over top of the collection container **SAMPLE A** so that the PLACE OVER CAP circle in directly on top of the container's cap.

STEP 8: Peel the "B Vial" label from the paperwork and place it over top of the collection container **SAMPLE B** so that the PLACE OVER CAP circle in directly on top of the container's cap.



BIOHAZARD BAG INSTRUCTIONS:

STEP 9:

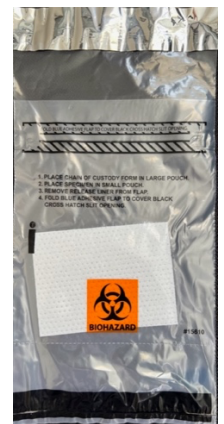
Ask the competitor to place BOTH of their specimen cups in the main pocket of the small plastic bag labeled **BIOHAZARD** pictured on the right

STEP 10:

The **PINK COPY** of the collection form goes to the LAB, fold it, and place it in the outer pocket of the **BIOHAZARD** bag of that competitor.

STEP 11:

Seal the bag and have the competitor place it in the larger plastic bag provided.



STEP 12: Give the competitor the **YELLOW COPY** of the form to keep for their records.

STEP 13: Give the promoter the **WHITE COPY** of the form to keep for their records.

STEP 14: After the event, all urine samples are placed in the large clear plastic bag, along with the **PINK copies of the forms in the smaller bags**, then the clear bag is placed in the FedEx bag.

**** IMPORTANT PAPERWORK ****

YELLOW COPY – Athlete
WHITE COPY – Promoter
PINK COPY - Lab

STEP 15: SHIP TO SMRTL:

SPORTS MEDICINE RESEARCH & TESTING LABORATORY
10644 SOUTH JORDAN GATEWAY
SOUTH JORDAN, UTAH
84095-4022

QUESTIONS OR CONCERNS:

Text or Call Marjorie (757) 969-8762