

# APPENDIX D: RANDOM URINE DRUG SCREENING

## TIPS FOR URINE DRUG TESTING COLLECTION

- ☐ An unusually hot or cold specimen, small sample volume or unusual color should raise concerns. Test temperature upon collection. The only reason for a cold specimen is that the patient is dead.
- ☐ pH should be between 4.5-8
- ☐ Can either be a) witnessed or b) unobserved
- ☐ Random is best.

## HOW TO FILL OUT REQUISITIONS

- ☐ Use a standard laboratory requisition (*see sample form on next page*)
- ☐ Synthetic/semisynthetic opioids are not easily detected in UDTs (like oxycodone, fentanyl) so need to ask specifically to confirm these
- ☐ Write “test is medically necessary” to ensure MSP coverage for test

## BACKGROUND

- UDTs can detect parent drugs +/- metabolites. Most are done via a class-specific immunoassay. They can then be followed up by more specific testing like gas chromatography mass spectrometry (GCMS).
- In Chronic non cancer pain (CNCP), it is used to monitor compliance.
- Audits of medical records show that < 10% of physicians use UDTs.
- Reliance on aberrant behavior to trigger an UDT will miss more than 50% of those individuals using unprescribed or illicit drugs.

**URINE VS. BLOOD TESTS:** Blood testing is NOT more accurate than urine drug testing (UDT), as it has an increased window of detection (usually 1-3 days for most drugs) and only hours in serum. Urine drug tests are also less expensive.

### INTERESTING FACTS ABOUT DRUGS / MEDICATIONS:

- Codeine turns into morphine but morphine does not turn back into codeine
- Heroin turns into 6- monoacetylmorphine and morphine
- Poppy seeds can result in a false positive morphine test
- Methadone tests test for methadone metabolites (if spiked see methadone only in the urine, not the metabolite)
- Cocaine testing is very specific – other topical “caines” DO NOT cause false positives
- Some OTC drugs such as decongestants and Parkinson’s meds can give false positive amphetamine/methamphetamine tests
- Nabilone does not result in a THC UDT being positive

**\*PLEASE NOTE:** If you need to ask for extra confirmation of tests appearing in the urine, the laboratory physicians are very helpful in supporting you to research any strange interactions with other medications or drugs.

Last Name (From Care Card)		First	Initial	Date of Birth D M Y	Sex F M
Address			Postal Code	Phone Number	
Bill to: <input type="checkbox"/> MSP <input type="checkbox"/> ICBC <input type="checkbox"/> Non Resident of Canada <input type="checkbox"/> WCB <input type="checkbox"/> Other			Copy to		
PHN#			(Specify)		
Doctor Name / Address / Telephone / Practitioner # / Physician Signature				Antibiotics / Medications / Diagnosis	

**Patient Instructions:**

- ☐ Fast for \_\_\_\_\_ hours prior to test.  
☐ For therapeutic drug monitoring please report to the lab immediately prior to next dose.

**HEMATOLOGY**

- ☐ WBC ☐ ONLY  
☐ HEMOGLOBIN ☐ ONLY  
☐ DIFFERENTIAL COUNT  
☐ HEMATOLOGY PANEL  
 (Hgb, Hct, WBC, RBC, Indices and Differential when indicated)  
☐ INR  
☐ ESR - Provide

**CHEMISTRY**

- ☐ GLUCOSE FASTING 8-10 HRS.  
☐ 1 HR. POST 50g (PREGNANCY)  
☐ GTT 100 G PREGNANCY  
☐ 2 HR. GTT 75g (NON-PREG)  
☐ PREGNANCY TEST  
☐ urine ☐ serum (Qual)  
☐ Therapeutic Drug Concentrations:  
 Specify Drugs \_\_\_\_\_  
 Last Dose \_\_\_\_\_  
 Next Dose \_\_\_\_\_  
☐ Toxicity suspected

**MICROBIOLOGY**

- TEST:** ☐ Bacterial Culture ☐ Gram Stain  
 (list current antibiotics above)  
**SITE:** ☐ Nose ☐ Sputum ☐ Throat ☐ Stool  
☐ Other \_\_\_\_\_  
**TEST:** ☐ Fungus Culture ☐ Fungus, direct  
 exam 77 (KOH prep)  
**SITE:** ☐ OTHER SOURCE

**PROTOCOLS / GUIDELINES**

- Tests in this section should be ordered in compliance with the protocol or guideline
- ☐ Serum Ferritin ☐ \* Special Case (if iron & binding capacity also requested)  
☐ TSH ..... ☐ \* Special Case (list additional tests)  
☐ ESR ..... ☐ \* Special Case Diagnosis \_\_\_\_\_
- URINE ..... UTI NOT suspected ☐ Macroscopic  
☐ Macroscopic → Microscopic if indicated  
☐ Macroscopic & Microscopic \* special case  
 ..... UTI suspected ☐ Urinalysis → culture if pyuria or nitrite present  
☐ Urine Culture: Source: \_\_\_\_\_
- STOOL O & P ..... ☐ Single Specimen ☐ HIGH RISK (Times x 2)  
 PSA ..... ☐ SCREENING (patient must pay) ☐ NOT FOR SCREENING
- LIPIDS ..... Major Risk Factor(s)/CAD  
☐ No (patient must pay) ☐ Yes Major Risk Factors  
☐ Total Cholesterol ☐ HDL Cholesterol  
☐ Triglycerides ☐ LDL Cholesterol (calculated)
- HEPATITIS SEROLOGY**  
☐ Acute Hepatitis Screen (HBsAg, anti-HCV, ANTI-HAV IgM) ☐ Immunity Hepatitis B (Anti-HBs)  
☐ Immunity Hepatitis A (Anti-HAV total) ☐ Hepatitis B Carrier (HBsAg)  
☐ Chronic Hepatitis (HBsAg, anti-HBc total, Anti-HCV) ☐ Needlestick (Source) (HBsAg, Anti-HCV, HIV)  
☐ Needlestick (HCW) (HBsAg, anti-HBs, Anti-HCV) ☐ Other \_\_\_\_\_

**ADDITIONAL TESTS OR INSTRUCTIONS**

\* Special cases must be justified

random urine drug  
 Screens prn x 2 years  
 Pt. is on \_\_\_\_\_  
 for chronic pain,  
 test is medically  
 required

- ☐ Needlestick (HCW) ☐ Phlebotomist  
☐ Needlestick (HCW)