

# Changes to AS / NZS 4308:2008 Update : March 2011



Dear Client,

Further to the Special Report we issued in December last year regarding changes to the Australian Standard (AS/NZS 4308:2008), please note that two further changes have been made to our resulting format.

The first change relates to the 'accredited collector' statement as per the requirement in Section 2. of the Standard. The second change relates to a change of result description for non-negative results.

## Collectors

In our last report we outlined the requirement for collectors to have completed a nationally accredited course in drug screen collection and/or on-site testing in accordance with Section 2. of the Standard. Laboratories are required to state unequivocally on the report the status of collections and their compliance to Section 2.

If we are not able to ascertain if a collector has undergone the required training, the following comment appears on the WDP report, 'We cannot verify compliance to AS/NZS 4308:2008 Section 2'.

As we don't have a database of all collectors that have completed the training, the following sentence has been added to Section 5. 'Collection Details' on our Chain of Custody request form:

*'I have successfully completed an AQTF approved course of instruction for urine specimen collection / screening  Yes  No'.*

 Yes  No'."/>

## 5. Collection Deals

I certify that the donor's identification has been verified and that the specimen identified on this form is that provided to me by the donor providing the certification above, that it bears the same identification as set forth above and that it has been collected, divided, labelled and sealed in compliance with AS/NZS 4308. **I have successfully completed an AQTF approved course of instruction for urine specimen collection / screening  Yes  No**

See full size Chain of Custody example form attached.

If the collector ticks the 'Yes' block we will accept that the collection was performed by an "accredited collector" and if all other required criteria are met (including a split sample and the creatinine) then the report will say the chain of custody was complete and we will reference Section 2 of AS/NZS 4308:2008.

If however the 'No' block is ticked, we will have to place a comment on the report stating that 'We cannot verify compliance to AS/NZS 4308:2008 Section 2'.

If the chain of custody is not completed in accordance to AS/NZS 4308:2008 criteria then we will state the Chain of Custody is INCOMPLETE and specify what the issue was.

## Reports

As outlined in our past report, the Standard requires that a AS4308 accredited laboratory state on the report that an initial non-negative sample 'requires further testing'. We advised that our results would reflect a non-negative immunoassay result as '\*\*RFT\*\*', indicating that the sample Requires Further Testing.

The qualifying comment '\*\*RFT\*\*' will no longer be used, this has now been changed to '**NON-NEGATIVE**', see example below:


Receipt Date . . . . .	:	21/02/2011	
Specimen Temperature . . .	:	36	(33-38)
Chain of Custody . . . . .	:	Complete	
Creatinine Level . . . . .	:	21.8	mmol/L
Adulterant Check . . . . .	:	Passed	
Initial Immunoassay Screen		Cut off	Result
Amphetamine Type Substances	300 ug/L	:	Not Detected
Barbiturates (Non AS/NZS 4308)	200 ug/L	:	Not Detected
Benzodiazepines	200 ug/L	:	<b>NON-NEGATIVE</b> *
Cannabinoids	50 ug/L	:	Not Detected
Cocaine	300 ug/L	:	Not Detected
Methadone (Non AS/NZS 4308)	300 ug/L	:	Not Detected
Opiates	300 ug/L	:	Not Detected
Date of Analysis:	21/02/2011		
NB : "NON-NEGATIVE" - indicates the sample requires further testing (eg GC/MS).			

If any further information is required please call 9317 0834.

Copy of the WDP Chain of Custody form:

# Occupational Testing Services

Your Partner in a Safer Workplace



**CHAIN OF CUSTODY REQUEST FORM - URINE**

**1. TEST REQUEST DETAILS** Please complete selection box options with a ✓

Donor Surname	<input type="text"/>	DOB	<input type="text"/>
Donor First Name	<input type="text"/>	Sex	M <input type="checkbox"/> F <input type="checkbox"/>
Type of ID Supplied	<input type="text"/>	Supervisor Name	<input type="text"/>
Address / Employer	<input type="text"/>	Request Code	<input type="text"/>
		Panel Code Urine	<b>DAX</b>
Instructions:	<input type="text"/>		
		Panel Code (Other)	<input type="text"/>
		Acc. Code / PO	<input type="checkbox"/> PO: <input type="text"/>

**2. DONOR CONSENT DETAILS** Please complete selection box options with a ✓

I consent to the testing of my  breath for alcohol and my  urine sample for drugs. I have taken the following medications (Prescription or Non-Prescription) in the last 14 days.

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Donor Signature  Date

**3. BREATH ALCOHOL ANALYSIS**

Initial Reading (BrAC)	<input type="text"/>	Time	<input type="text"/>	Second Reading	<input type="text"/>	Time	<input type="text"/>
Instrument Serial No.	<input type="text"/>						
Donor Signature	<input type="text"/>	Witness Name & Signature <input type="text"/>					

**4. SAMPLE COLLECTION**

A Temperature  33  34  35  36  37  38 °C Creatinine  Normal  Abnormal Value  Other

Security Seals 1.  2.  3.  Supervised  Y /  N

B Drug Class  COC  AMP  MET  MOP  BZO  THC  Other

(Key: N = Not Detected D = Detected)

Control Lines  Yes /  No Expiry Date  Batch No.

**5. COLLECTION DETAILS**

I certify that the donor's identification has been verified and that the specimen identified on this form is that provided to me by the donor providing the certification above, that it bears the same identification as set forth above and that it has been collected, divided, labelled and sealed in compliance with AS/NZS 4308. I have successfully completed an AQTF approved course of instruction for urine specimen collection /screening  Yes  No

Collector Name:  Date  Time  Site

Collector Signature  Comments

**6. DONOR DECLARATION**

I certify that for any specimens that are to be sent for laboratory testing the specimens accompanying this form are my own and were provided by me to the collector. Further, I certify that the containers were sealed with tamper-evident seals in my presence and that the information provided on this form and on the labels is correct. I instruct Western Diagnostic Pathology to release results only to an authorised company representative. I understand my sample maybe sent off for quality control purposes.

Donor Signature:  Date

**CHAIN OF CUSTODY (Lab Use Only)**

FUNCTION	Name	Signature	Seals Intact	Date
Immunoassay Analyst	TE NT BH RJ		YES / NO	
Confirmation Analyst			YES / NO	
Comments				<b>C / I / F / T</b>

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Form 02 - Revision: 09