

UVA Health Medical Center
Competency Verification Record (CVR)
Urine Drug Screen Collection and Chain of Custody - Ambulatory
RN, LPN, MA, PCT

Employee Name: _____ **Employee ID #:** _____ **Date:** _____

Disclaimer: Competency Verification Records (CVR) are temporarily stored in the Department's competency filing system until completion has been recorded on a permanent competency form (e.g., OCA, ACR). The CVR requires a validator's signature.

Transfer of CVR to Permanent Record: With this record of a validated competency, the preceptor, Dept. NEC, manager, or their designee locates the matching competency statement on the Annual Competency Record (ACR), Orientation Competency Assessment (OCA) Regional Competency Assessment (RCA), or Department Specific Competency (DSC) form. *(If the statement is not present, it can be written-in.)* The competency statement is then initialed and dated as complete.

Competency Statement:	Demonstrates collection of urine drug screen, and completion of the Chain of Custody form																
Validator(s):	RN, LPN, MA, PCT validated in urine drug screen collection and chain of custody																
Validator Documentation Instructions:	Validator documents method of validation (below) and initials each skill box once completed and places their full name, signature, and completion date at the end of the document.																
Method of Validation:	<table border="1"> <tr> <td>DO</td><td>Direct Observation – Return demonstration or evidence of daily work.</td></tr> <tr> <td>T</td><td>Test: Written or oral assessments, surveys or worksheets, passing grade on a CBL test.</td></tr> <tr> <td>S</td><td>Simulation</td></tr> <tr> <td>C</td><td>Case Study/ Scenarios: Create/share a story of a situation then ask questions that capture the nature of the competency that is being referenced.</td></tr> <tr> <td>D</td><td>Discussion: Identify questions related to a competency and ask orientee to provide an example of their real-life experiences.</td></tr> <tr> <td>R</td><td>Reflection: A debriefing of an actual event or a discussion of a hypothetical situation.</td></tr> <tr> <td>QI</td><td>Quality Improvement Monitoring: Audits or compliance checks on actual work or documentation to ensure the competency is completed.</td></tr> <tr> <td>N/A</td><td>If the specific product or process step is not used in the respective area or by the respective role, then this step is deemed N/A.</td></tr> </table>	DO	Direct Observation – Return demonstration or evidence of daily work.	T	Test: Written or oral assessments, surveys or worksheets, passing grade on a CBL test.	S	Simulation	C	Case Study/ Scenarios: Create/share a story of a situation then ask questions that capture the nature of the competency that is being referenced.	D	Discussion: Identify questions related to a competency and ask orientee to provide an example of their real-life experiences.	R	Reflection: A debriefing of an actual event or a discussion of a hypothetical situation.	QI	Quality Improvement Monitoring: Audits or compliance checks on actual work or documentation to ensure the competency is completed.	N/A	If the specific product or process step is not used in the respective area or by the respective role, then this step is deemed N/A.
DO	Direct Observation – Return demonstration or evidence of daily work.																
T	Test: Written or oral assessments, surveys or worksheets, passing grade on a CBL test.																
S	Simulation																
C	Case Study/ Scenarios: Create/share a story of a situation then ask questions that capture the nature of the competency that is being referenced.																
D	Discussion: Identify questions related to a competency and ask orientee to provide an example of their real-life experiences.																
R	Reflection: A debriefing of an actual event or a discussion of a hypothetical situation.																
QI	Quality Improvement Monitoring: Audits or compliance checks on actual work or documentation to ensure the competency is completed.																
N/A	If the specific product or process step is not used in the respective area or by the respective role, then this step is deemed N/A.																
Validation Instructions:	Validation of the urine drug screen will be performed following organizational PPE and hand hygiene policies and procedures.																

Name of CVR: Urine Drug Screen Collection and Chain of Custody – Ambulatory
Date CVR Created: 1/2025 **Date CVR Revised:**
Subject Matter Expert(s): Sarah Shreckhise, RN, Elaina Gore, RN

Competency Verification Record (CVR)
Urine Drug Screen Collection and Chain of Custody - Ambulatory
RN, LPN, MA, PCT

Demonstrated Skill Behaviors for Competency (Critical Behaviors in Bold)	Validation Method	Evaluator's Initials
Confirm an LIP order has been signed in the electronic health record (EHR)	DO	
Identify the patient using 2 patient identifiers and a photo ID	DO	
Complete the Chain of Custody <ul style="list-style-type: none"> • Patient's Social Security Number or Driver's License Number • Patient's Legal Name • Sex at birth (M/F) • Patient's Date of Birth • List all medications (prescription and non-prescription) taken in the last two weeks by the patient. 	DO	
Have the patient empty their pockets, remove any unnecessary outer clothing, briefcase, purse, or personal belongings, and secure them.	DO	
Inspect and prepare the collection site: <ul style="list-style-type: none"> • Secure or otherwise make all water sources unavailable to the patient (shut off water valves or tape faucet handles with tamper tape). • Ensure no unapproved soaps, cleaning agents, or unauthorized substances are present 	DO	
Explain the basic urine collection procedures to the patient and the importance of voiding above the cup's thermal indicator <i>Note: If a patient has an indwelling catheter, their catheter bag must be emptied upon arrival. A fresh urine specimen will need to be obtained once available to send for UDS.</i>	DO	
Instruct the patient that the water to the restroom will be turned off. This prevents flushing of the toilet or running the water during the collection process.	DO	
After collection, verify the top of the container lid is securely sealed.	DO	
Have the patient initial and date the tamper-proof evidence tape.	DO	
Peel and place the initialed and dated evidence tape over the top of the collection container and down the sides	DO	

Name of CVR: Urine Drug Screen Collection and Chain of Custody – Ambulatory

Date CVR Created: 1/2025 **Date CVR Revised:**

Subject Matter Expert(s): Sarah Shreckhise, RN, Elaina Gore, RN

Competency Verification Record (CVR)
Urine Drug Screen Collection and Chain of Custody - Ambulatory
RN, LPN, MA, PCT

Demonstrated Skill Behaviors for Competency (Critical Behaviors in Bold)	Validation Method	Evaluator's Initials
Record the temperature of the specimen within 4 minutes of collection and document it on the Chain of Custody form. <ul style="list-style-type: none"> If the temperature is not within normal range, the specimen is unacceptable. Temperature range: 32-38°c (90 - 100°F) Volume of 30mL or more is needed. 	DO	
Record the date and time of the collection on the Chain of Custody Form (see addendum on pg. 4)	DO	
Have the patient sign and date the "Donor Certification" on the Chain of Custody form verifying the accuracy of the specimen (see addendum on pg. 4) <ul style="list-style-type: none"> The container is the same and evidence tape is accurate along with information on the chain of custody 	DO	
Sign and date the "Collector Certification" section of the Chain of Custody Form (see addendum on pg. 4)	DO	
Release the specimen by signing the "Released by" box on the Chain of Custody Form (see addendum on pg. 4)	DO	
Place the collection container in the specimen bag and seal.	DO	
Place the folded chain of custody form in the back of the specimen bag	DO	
Send the specimen to the lab	DO	

Competency Verified by:

Validator's Name (printed) *Validator's signature* Date: _____

References:

- [Lippincott® Solutions: Urine Specimen Collection](#)

Name of CVR: Urine Drug Screen Collection and Chain of Custody – Ambulatory

Date CVR Created: 1/2025 **Date CVR Revised:**

Subject Matter Expert(s): Sarah Shreckhise, RN, Elaina Gore, RN

UVA Health Medical Center
Competency Verification Record (CVR)
Urine Drug Screen Collection and Chain of Custody - Ambulatory
RN, LPN, MA, PCT

Reference Table/Pictures Addendum:

 UNIVERSITY OF VIRGINIA HEALTH SYSTEM MEDICAL LABORATORIES		Requesting Location: RPC WAYNESBORO Account Number: SMS: ADD PATIENT PHONE NO. TO AD. INFO Phone Number: RPCWP 540-942-1200	
CHAIN OF CUSTODY COLLECTION FORM			
Donor UVA MRN (if available): MRN	Donor Name: Patient Name	Sex: M F	Donor Date of Birth: DOB
Date and Time of Collection: Date Time	Temperature of Specimen (Record within 4 minutes of collection) Temp	Physician Signature Provider Name / your name	
<input checked="" type="checkbox"/> Contract Drug Screen <input type="checkbox"/> Drugs of Abuse Panel (full DOAF) <input type="checkbox"/> Drugs of Abuse Panel (no Alcohol DOAM) <input type="checkbox"/> See Epic for order Diagnosis code _____		Laboratory Request Information - Check Desired Test 600173867 Special Confirmation Request: Tramadol, Ritalin, Adderall, Fentanyl, phentermine	
Medications (prescription and non-prescription) taken in the last 2 weeks (optional): • Over the counter meds • any illegal substances • Date of last controlled substance			
DONOR CERTIFICATION: I certify that I provided my urine specimen to the Collector and that this specimen is in the container that is marked with an identification label that is identical to the Donor Name or ID # on this form. The bottle was sealed with a tamper-resistant seal in my presence. I authorize the University of Virginia to test my specimen for drugs and to report results to the initiator of this request. I have been informed that if my specimen tests positive on the initial screen, a confirmation test will be performed to rule out any false positive results. I release all employees of the University of Virginia from any liability for damages suffered by me as a result of such testing and any report of such testing. <div style="text-align: right;"> X Patient signature Date <small>Signature of Donor</small> <small>Date</small> </div>			
COLLECTOR CERTIFICATION: I certify that the specimen identified on this form is the specimen presented to me by the Donor signing the certification on this form and that the specimen bears an identification label identical to the Donor name or ID # above. It has been collected, labeled, and sealed in the Donor's presence, as required by the instructions provided. <div style="text-align: right;"> X Your signature Date <small>Signature of Collector</small> <small>Date</small> </div>			
Date/Time	Full Signature	Remarks	
Date Time	Released by (Collector) Your name	Ship to Lab	
	Received by	LAB RECEIVING/ ACCESSIONING: Shipping container, plastic bag, and seals inspected. Bag opened and specimen identity verified. Internal Accession number affixed to specimen and placed in secure storage. COMMENTS:	

Name of CVR: Urine Drug Screen Collection and Chain of Custody – Ambulatory
Date CVR Created: 1/2025 **Date CVR Revised:**
Subject Matter Expert(s): Sarah Shreckhise, RN, Elaina Gore, RN