

**VERMONT DEPARTMENT OF HEALTH LABORATORY  
TOXICOLOGY PROGRAM**

Shipping/Dropoff: 359 South Park Dr, Colchester, VT 05446  
Mailing: PO Box 1125, Burlington, VT 05402-1125  
1-800-660-9997 (VT only) or 1-802-338-4724

**URINE DRUG TEST KIT (T-UD)**

**KIT CONTENTS:**

- 1- 100 ML SCREW CAP SAMPLE CUPS WITH TEMPERATURE STRIP
- 1- SAMPLE IDENTIFICATION LABEL
- 1- SAMPLE INTEGRITY SEAL
- 1- BOX SEAL
- 1- ADHESIVE CLOSURE BAG WITH ABSORBENT PAD
- 1- TEST REQUEST FORM
- 1- MAILER

**Kit use instructions are found on the reverse of this form.**  
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**KIT USE INSTRUCTIONS (T-UD)**

1. Remove kit contents (listed on reverse of this form).
2. Provide donor with the sample cup with the temperature strip.
3. Follow your protocol for sample collection. Check the temperature strip on the cup for acceptable range (90° - 98° F). Laboratory analysis requires a minimum of 20 mL of urine.
4. Securely cap the original sample and place the integrity seal over the top of the cap so that each end of the label is on the side of the cup. Initial and date the seal.
5. Fill out the requested information on the sample identification label and place the label on the side of the cup so that it overlaps the integrity seal.
6. If laboratory testing is required, complete the test request form.[ ORTOX 408]
7. Place sealed sample in the shipping bag provided and seal the bag. Return sample cup and bag to the kit mailing box.
8. Place the completed request form in the kit mailing box.
9. Apply box seal over the closure.
10. Mail or deliver the kit to the VT Dept. of Health Laboratory promptly. If there will be a delay in sending the sample to the laboratory, refrigerate until able to do so.

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