The following instructions were derived from the PharmChek website, link below.

This website also contains videos describing the various steps of sample collection.

[PharmChek® Sweat Patch Application | PharmChek]

Instructions for Application of the Sweat Patch for toxicology testing:

The left side of the chain of custody form must be completed when the PharmChek® Sweat Patch is applied.

1) Begin by completing the donor's name, donor's internal ID # (used by your agency) observer's name, and the PharmChek® identification number, (this is the number printed on the outside film of Sweat Patch)

2) The observer must enter the date the Sweat Patch was applied. Both parties need to verify and initial the information on left side of the chain of custody form

3) Under *Tests Ordered*, select the Full 5 Drug Panel

4) Select the appropriate treatment status/reason for testing

PHARMCHEK

Chain of Custody for Analysis of
PharmChek® Drugs of Abuse Sweat Patch

817-591-4100 | pharmchek.com | 2411 E Loop 820 N | Fort Worth, TX 76118

1 Results Name and Address

Premier Drug Testing
123 Main Street
Small Town, USA 12345

2 PharmChek® Application

FIRST NAME: JOHN
LAST NAME: SMITH

Donor ID: 42050

Observer Name: SARAH JOHNSON

3 PharmChek® No. BQQQ1819054

4 Date	Observer's Initials 5	Donor's Initials 6
11-10-22	SJ	JS

7 Tests Ordered

- [X] Full 5 WA07 Drug Panel
- [ ] Fentanyl-S229
- [ ] Ex. OpiateWC82

8 Treatment Status / Reason for Specimen

- [X] 01 Random
- [ ] 02 Probate Case
- [ ] 03 Retest
- [ ] 04 Medical
- [ ] 05 In Treatment
- [ ] 06 Pre-Trial
- [ ] 07 Surveillance (No Treatment)
- [ ] 08 Other:

9 Observer's Certification at PharmChek® Application

I certify that I applied the PharmChek® identified by the PharmChek® number on this form in accordance with the required procedures.

Observer's Signature Sarah Johnson

5) Follow the application protocol to apply the PharmChek® Sweat Patch to the donor's body

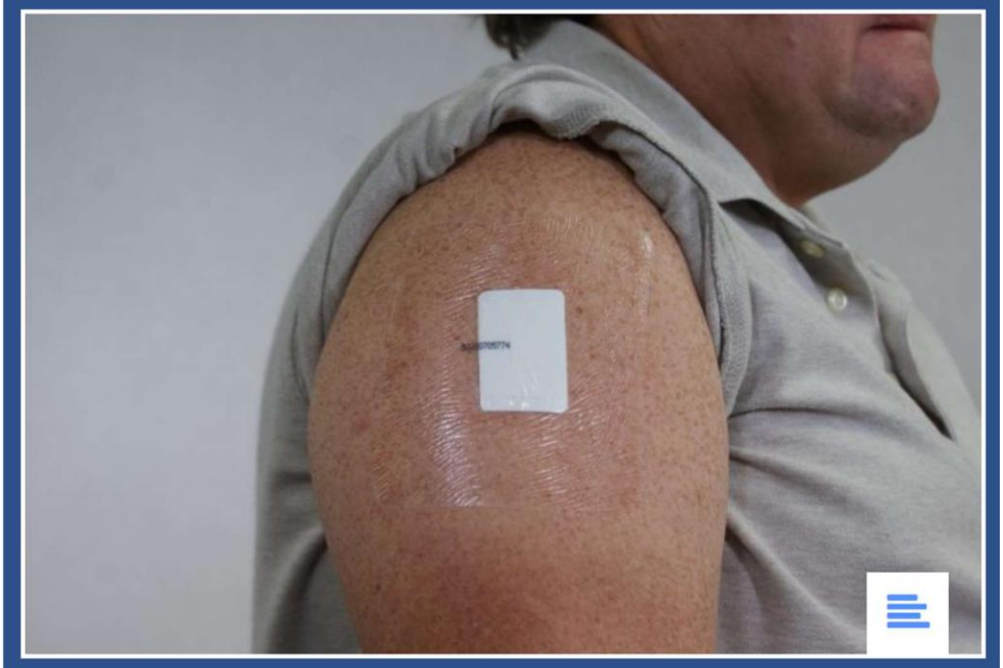
6) The observer must sign the chain of custody form in the area marked, "Observer Completes."

7) Place the chain of custody form in the appropriate file and instruct the donor what day they are to return for removal of the PharmChek® Sweat Patch

The PharmChek® Sweat Patch can be worn on any of these 3 body areas:

- Upper-outer arm
- Lower midriff
- Lower back

The upper-outer arm should be used as the primary application site.



If the patch is going to be worn on the lower midriff, have the person who is to be wearing the patch lean backwards slightly to stretch the skin. If the patch is going to be worn on the lower back, have the person wearing the patch lean slightly forward.

Do not place a PharmChek® Sweat Patch over skin that has obvious sores, cuts, scars, ulcerations or skin irritations such as acne, however, it can be placed over tattoos if the tattoo is light in color and does not contain obvious scar tissue.

The area for application should not have excessive hair, wrinkles, or be rubbed by tight clothing. If the donor has excessive body hair, do not shave the area. Instead, choose an alternate body site location or use a different testing methodology.

Instructions for Removal and Shipping of the Sweat Patch for toxicology testing:

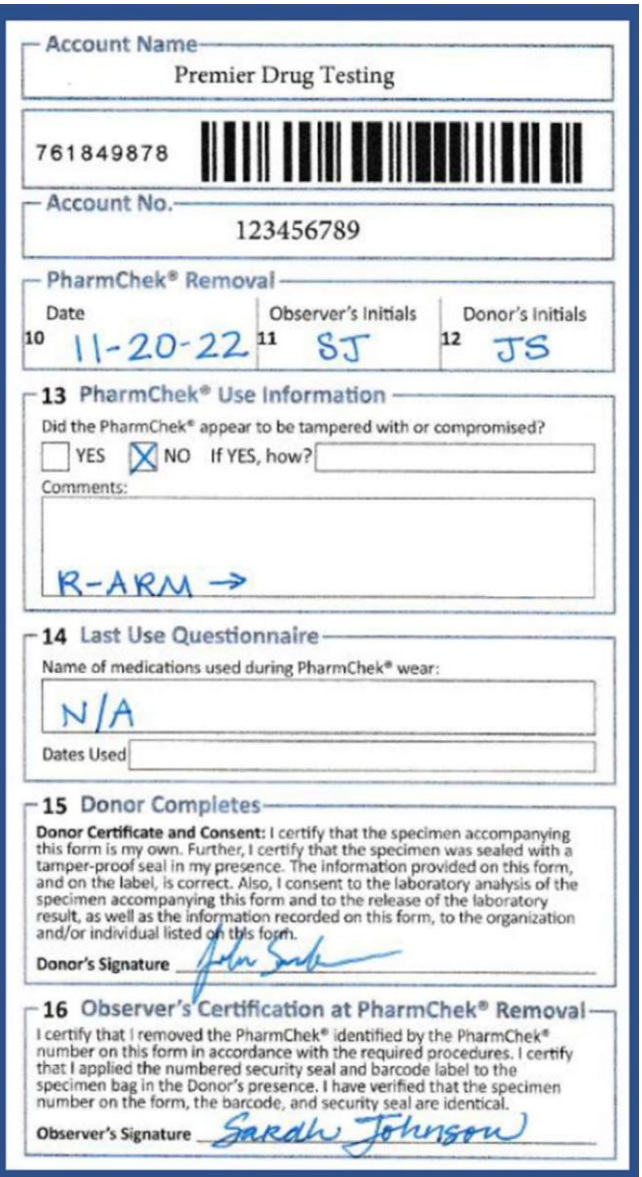
Before you remove the PharmChek® Sweat Patch, you should have the following materials:

- Disposable gloves
- Specimen bag
- Single use tweezers
- Donor's chain of custody form (completed at application)
- Transport bag
- Laboratory mailing envelope

When the donor returns to have the patch removed, pull the appropriate chain of custody form from your files.

First, compare the I.D. number written on the chain of custody form with the number printed on the outside of the patch. If the numbers agree, record the date the Sweat Patch is being removed on the chain of custody form. Both parties must verify the information and initial the top, right side, removal portion of the custody form.

The donor must also sign the chain of custody form after the pad has been secured in the specimen bag and sealed with the security label (see section labeled PharmChek® Sweat Patch Barcode Labels).



Account Name
Premier Drug Testing

761849878

Account No.
123456789

PharmChek® Removal

Date	Observer's Initials	Donor's Initials
10 11-20-22	11 SJ	12 JS

13 PharmChek® Use Information

Did the PharmChek® appear to be tampered with or compromised?

☐ YES ☒ NO If YES, how?

Comments:

R-ARM →

14 Last Use Questionnaire

Name of medications used during PharmChek® wear:

N/A

Dates Used

15 Donor Completes

Donor Certificate and Consent: I certify that the specimen accompanying this form is my own. Further, I certify that the specimen was sealed with a tamper-proof seal in my presence. The information provided on this form, and on the label, is correct. Also, I consent to the laboratory analysis of the specimen accompanying this form and to the release of the laboratory result, as well as the information recorded on this form, to the organization and/or individual listed on this form.

Donor's Signature John Smith

16 Observer's Certification at PharmChek® Removal

I certify that I removed the PharmChek® identified by the PharmChek® number on this form in accordance with the required procedures. I certify that I applied the numbered security seal and barcode label to the specimen bag in the Donor's presence. I have verified that the specimen number on the form, the barcode, and security seal are identical.

Observer's Signature Sarah Johnson

If the numbers do not agree, evidence suggests that the client has obtained a PharmChek from another entity and has replaced the old patch in an attempt to possibly mask drug usage. **It is strongly suggested that agencies secure all unused PharmChek® Sweat Patches under lock and key to prevent donors from taking them.**

Examine the Sweat Patch on the client's body. A successfully worn Sweat Patch should be transparent and firmly attached to the skin. If the edges of the Sweat Patch have lifted (or rolled) but the Sweat Patch is still firmly adhered to the skin around the outside of the pad, the Sweat Patch is acceptable. The edges of the Sweat Patch may become dirty while it is being worn, creating a **visible wear-line**, around the the outside of the Sweat Patch.

LEFT: Notice the film is transparent (clear) and adheres firmly to the skin.

RIGHT: Notice the film appears cloudy and lifts easily from the skin. This Sweat Patch has been removed and reapplied.

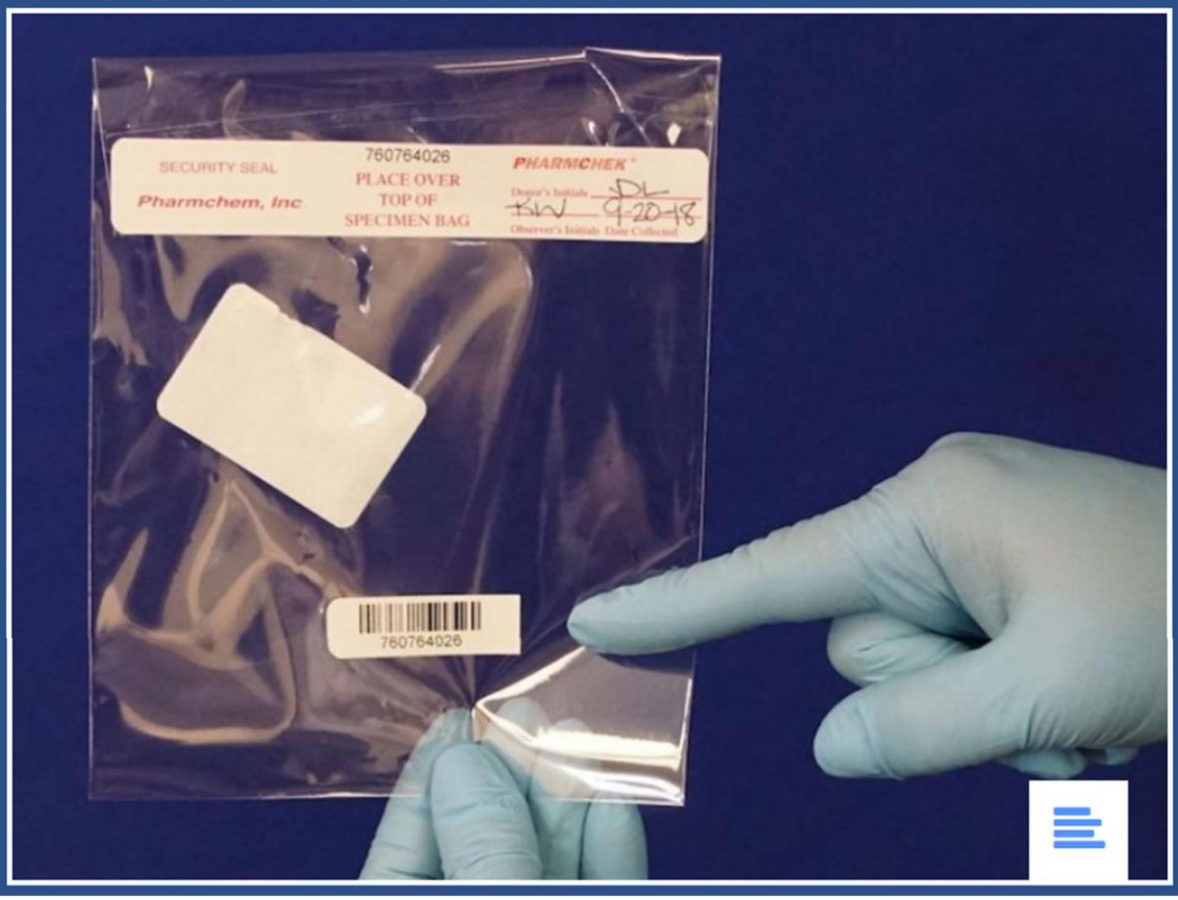
Dead skin cells stick to a patch that has been removed, which keeps it from being completely transparent. **The Sweat Patch is designed to stick to the skin only one time.**

If the donor tries to alter the patch by applying a substance to the outside of the patch, the film will no longer be shiny, smooth, or transparent. If the donor tries to alter the patch by injecting a caustic substance under the patch's outer film, several things may happen. The absorbent pad may become discolored and have an odor, the skin under the pad may become irritated and red, and holes from a hypodermic needle may be visible in the film.

If you suspect that a patch has been tampered with or has been compromised, write what you have observed in box #13 on the chain of custody form. This will provide documentation if the patch is not fit for analysis, or gives unexpected results.

Example photos of tampering and adulteration **are provided on the website.**

1) Affix a bar code sticker from the chain of custody form to the outside of the specimen bag.



2) Peel off the security seal from the chain of custody form, place the security seal where the top of the bag meets the center of the bag. Write the date the patch was removed on the security seal and initial it.

3) There is a drawing of a properly sealed bag on each chain of custody form.

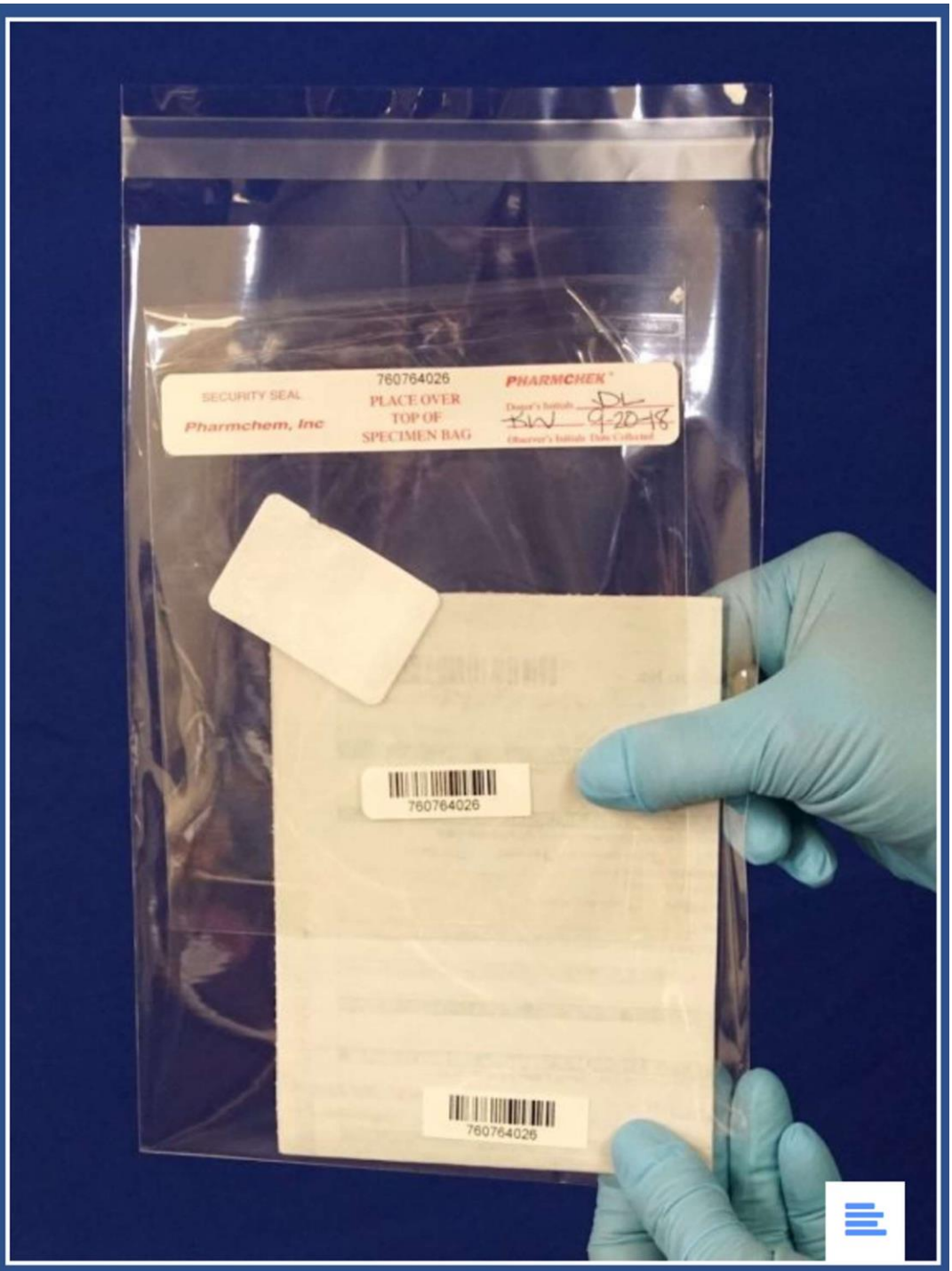
Once the absorbent pad has been properly sealed in the specimen bag and recorded, remove the outside film of the Sweat Patch from the arm.

Notice how firmly the patch is sticking to the skin. It is important to notice the feel of a well-adhered patch, so that you can easily identify a patch that has been reapplied.

Hold the outside film up to the light and look for needle holes. If small holes are detected or the patch appears to have been tampered with, note it in section #13 of the chain of custody form.

After the visual inspection has been completed, you can discard the transparent film. Do not send the film to the laboratory for analysis. The absorbent pad is the only portion of the Sweat Patch that should be placed inside the specimen bag and sent to the lab for testing.

Place ply 2 of the Chain of Custody Form inside the transport bag, along with the sealed specimen bag containing the absorbent pad.



The absorbent pad requires no refrigeration. However, high temperatures should be avoided. The worn pad can be stored at room temperature for up to one month. Place the transport bag into the appropriate shipping envelope and send to the laboratory for testing. Several patch transport bags can be placed in a single shipping envelope before sending to the lab.

Complete the chain of custody form in the donor's presence.

PHARMCHEK

Chain of Custody for Analysis of PharmChek® Drugs of Abuse Sweat Patch

817-591-4100 | pharmchek.com | 2411 E Loop 820 N | Fort Worth, TX 76118

1 Results Name and Address

Premier Drug Testing
123 Main Street
Small Town, USA 12345

2 PharmChek® Application

FIRST NAME: JOHN
LAST NAME: SMITH

Donor ID: 42050

Observer Name: SARAH JOHNSON

3 PharmChek® No.: BQQQ2709531

4 Date	5 Observer's Initials	6 Donor's Initials
2-27-25	SJ	JS

7 Tests Ordered

[X] Standard Panel (WA07) OR [ ] Expanded Panel (WC82) Includes both the Standard Panel and Fentanyl Add-on Panel.
[ ] Fentanyl Add-on (S229)

8 Treatment Status / Reason for Specimen

[X] 01 Random [ ] 02 Probation [ ] 03 Retest
[ ] 04 Medical [ ] 05 In Treatment [ ] 06 Pre-Trial
[ ] 07 Surveillance (No Treatment)
[ ] 08 Other:

9 Observer's Certification at PharmChek® Application

I certify that I applied the PharmChek® identified by the PharmChek® number on this form in accordance with the required procedures.

Observer's Signature: Sarah Johnson

Account Name

Premier Drug Testing

762179706

Account No.

123456789

PharmChek® Removal

10 Date	11 Observer's Initials	12 Donor's Initials
3-13-25	SJ	JS

13 PharmChek® Use Information

Did the PharmChek® appear to be tampered with or compromised?

[ ] YES [X] NO If YES, how?

Comments:

R-ARM → GV

14 Last Use Questionnaire

Name of medications used during PharmChek® wear:

See case file

Dates Used:

15 Donor Completes

Donor Certificate and Consent: I certify that the specimen accompanying this form is my own. Further, I certify that the specimen was sealed with a tamper-proof seal in my presence. The information provided on this form, and on the label, is correct. Also, I consent to the laboratory analysis of the specimen accompanying this form and to the release of the laboratory result, as well as the information recorded on this form, to the organization and/or individual listed on this form.

Donor's Signature: John Smith

16 Observer's Certification at PharmChek® Removal

I certify that I removed the PharmChek® identified by the PharmChek® number on this form in accordance with the required procedures. I certify that I applied the numbered security seal and barcode label to the specimen bag in the Donor's presence. I have verified that the specimen number on the form, the barcode, and security seal are identical.

Observer's Signature: Sarah Johnson

17

18 762179706
SECURITY SEAL
PharmChem, Inc

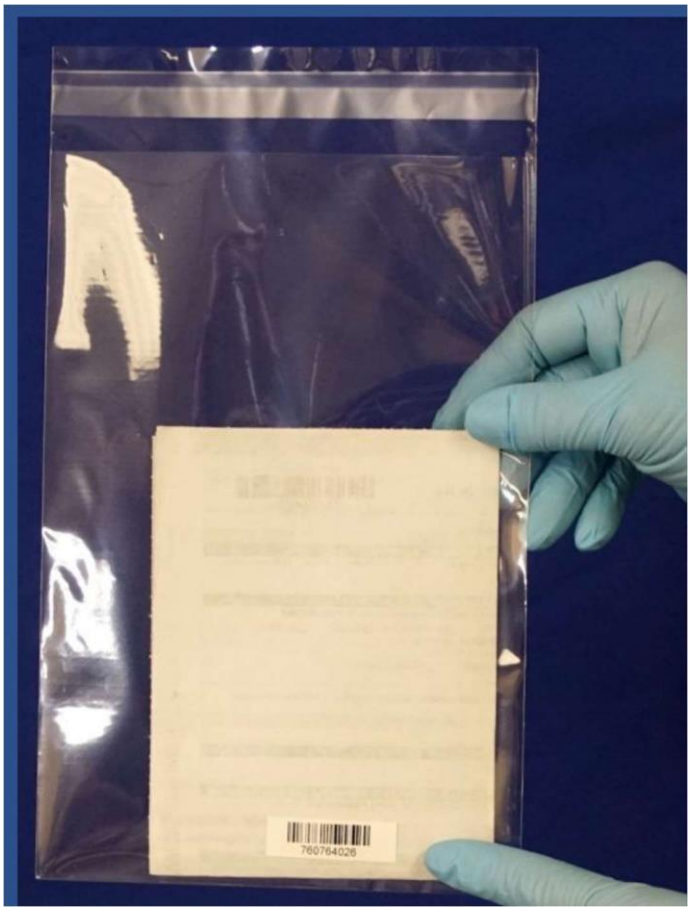
19 762179706
762179706
PLACE OVER TOP OF SPECIMEN BAG

20 762179706
PHARMCHEK®
Donor's Initials
Observer's Initials Date Collected

21

22 Instructions to Observer

RECORD application information on this page and print before applying the patch.
APPLY PharmChek® according to Administrative Procedures.
INITIAL form upon PharmChek® application and sign Observer's Certification.
REMOVE PharmChek® according to Administrative Procedures.
AFFIX security seal and barcode to PharmChek® specimen bag as illustrated above.
INITIAL and date security seal. **Mail via US Mail to:**
CRL Tox Set UP, PO Box 218991 Kansas City, MO 64121
If shipping via FedEx, the ship to address is CRL, 11711 W. 83rd Terrace, Lenexa, KS 66150



The points to remember when removing the patch are:

- Check the patch I.D. number to make sure it matches the one written down.
- Wear disposable gloves.
- Use the single use tweezers to handle the pad and place it into the specimen bag.
- Check the film for any signs that it may have been compromised.
- Record the date the patch was removed on the chain of custody form.

The PharmChek® Sweat Patch contains no chemical compounds which are known to cause skin irritation. If skin irritation should occur while wearing the patch, it should be removed immediately, and the skin appropriately treated. If the skin irritation appears serious or requires medical attention, immediately contact a doctor.

Several transport bags can go into one mailing envelope. Ship the envelope to:

Clinical Reference Laboratory, Inc.
PO Box 218991
Toxicology IB
Kansas City, MO 64121-7263