

# APPLICANT SUBSTANCE ABUSE POLICY

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Applicant Drug  
Testing Policy

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Maine Department of Labor  
Bureau of Labor Standards  
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(207) 623-7900

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# Applicant Substance Abuse Testing Policy

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### **POLICY**

MaineHealth(MH) is committed to providing a safe environment for patients and staff. MH expects health care workers to perform their duties in a manner that does not jeopardize the health and safety of coworkers and patients.

The unlawful or improper presence or use of controlled substances and alcohol poses a threat to the well-being of patients and health care staff. Consistent with this concern for safety, MaineHealth entities make all reasonable efforts to ensure a work environment free from the effects of alcohol and drug abuse, and to comply with the Maine Substance Abuse Testing Law (26 M.R.S.A Sec. 681- 690) and the Maine Department of Labor Rules relating to Substance Abuse Testing (adopted October 27, 1989) as well as the Federal Drug Free Workplace Act. In compliance with the Drug Free Workplace Act MaineHealth follows Federal illegal and controlled substance interpretations.

This policy is designed to protect individual privacy and to ensure the integrity and reliability of testing procedures and medical histories. Questions regarding the meaning or application of this policy should be directed to the applicant's Employment Specialist.

**MaineHealth**, MaineHealth, as used in this policy, means any Maine Healthcare direct or indirect subsidiary or location, to include Maine Medical Center, MaineHealth Corporate, MaineHealth Care at Home, Southern Maine Health Care, Pen Bay Medical Center, LincolnHealth, NorDx, MaineHealth Accountable Care Organization, Western Maine Health Care, Waldo County General Hospital, Maine Behavioral Healthcare, Franklin Community Health Network, Memorial Hospital, St. Joseph's Rehabilitation and Residence and other related entities.

## **CONTACT INFORMATION**

### **COVERED ESTABLISHMENT**

Company name: MaineHealth and all direct and indirect subsidiaries

Street address: 110 Free St Portland ME 04101

Mailing address: Maine Medical Center c/o Employee Health, 22 Bramhall St, Portland ME 04101

Phone number: 207 662 4011

### **SUBSTANCE ABUSE TESTING POLICY CONTACT**

Contact name: Cynthia Blake

Contact title: EHS Practice Supervisor

Contact phone number: 207 662 4011

### **LOCATIONS COVERED**

Location 1: Franklin Community Health Network

Location 2: LincolnHealth

Location 3: Maine Behavioral Healthcare

Location 4: Maine Medical Center

Location 5: MaineHealth

Location 6: MaineHealth Care at Home

Location 7: MaineHealth Accountable Care  
Organization

Location 8: NorDx

Location 9: Pen Bay Medical Center

Location 10: Southern Maine Healthcare

Location 11: Waldo County General Hospital

Location 12: Western Maine Health

Location 13: Memorial Hospital, NH

Location 14: St. Joseph's Rehabilitation and  
Residence

This policy complies with the Maine Substance Abuse Testing Law (26 M.R.S.A. Sec. 681-690) and the Maine Department of Labor Rules relating to Substance Abuse Testing (adopted October 27, 1989).

Applicants will be notified at the time of initial application that they may be tested for Substance Abuse and will be advised where they may review the policy and statute. Prior to testing, an applicant as defined in this policy shall be provided with a copy of the policy and statute.

# APPLICANT SUBSTANCE ABUSE TESTING POLICY

## SCOPE OF TESTING

Only individuals who are applicants as defined by this program and state law will be tested as applicants. For the purpose of this program, an applicant will not be any person separated from employment by this employer while receiving a mandated benefit from or on account of this employer, including but not limited to Workers' Compensation, Unemployment Compensation and Family Medical Leave and for a period of 30 days beyond the termination of the benefit, nor will an applicant be any person separated from employment by this employer while receiving a non-mandated benefit from or on account of this employer for a period of 30 days beyond the separation. An applicant must have completed a competitive application.

## TESTING OF APPLICANTS

*Classifications or position titles to be tested (may be all):* All positions

Substance abuse tests will be administered only to those applicants who are in the above classification or position titles who have been offered employment with the Company or who have been offered a position by the Company on a roster of eligibility from which applicants shall be selected for employment.

**Photo Identification**, as used in this policy, means officially acceptable identification required of applicants at the specimen collection site. Photo identification includes any one of the following (personal photographs are not acceptable forms of photo identification):

- 1) Passport
- 2) Driver's license or ID card issued by a state or outlying possession of the United States, provided it contains a photograph,
- 3) ID card issued by federal, state or local government agencies or entities, provided it contains a photograph, or
- 4) School / Company ID card with photograph.

## ACTIONS TO BE TAKEN

- Action to be taken for refusal to submit to a test: Applicant will not be hired and will be ineligible for hire for one year
- Action to be taken between a test and receipt of test results: Applicant will not be hired
- Action to be taken based on a confirmed positive result from a test of an applicant: Applicant will not be hired and will be ineligible for hire for one year from date of notice by the MRO
- Action to be taken for failure to provide sample for testing within 3 hours: Applicant will not be hired and will be ineligible for hire for one year
- Action to be taken for quality failure of dual submitted specimens: Applicant will not be hired and will be ineligible for hire for one year
- Action to be taken for failure to respond to the MRO's attempts to validate laboratory results: Applicant will not be hired and will be ineligible for one year

In addition, individuals who are ineligible for hire will not be permitted to be employed by or provide services to a MaineHealth employer on behalf of any other employer or as independent contractors during the one-year period following date of notice by the MRO. For the purpose of this paragraph, "MaineHealth employer" means all locations and subsidiaries of the Maine Health Care entity under whose FEIN the individual would have been employed. If any other employer assigns them work at a MaineHealth employer facility, the MaineHealth facility will inform that other employer of their disqualification from providing services without divulging the reason for the disqualification.

## SUBSTANCES TO BE TESTED FOR

- All screening tests will be conducted using the EMIT (*Enzyme Multiplied Immunoassay Test*)
- All confirmation tests will be conducted using the GC/MS (*Gas Chromatography/Mass Spectrometry*) methodology.
- Applicants will be tested for use of the indicated substances.

## TESTING PROCEDURES

To Be Tested	Substances	Concentration in Urine (ng/ml, except alcohol)	
		SCREENING	CONFIRMATION
<input checked="" type="checkbox"/>	6-Acetylmorphine	Special <sup>1</sup>	10 ng/ml
<input type="checkbox"/>	Alcohol <sup>2</sup>	0.02g/100ml	0.02 g/100ml
<input checked="" type="checkbox"/>	Amphetamine/Methamphetamine MDMA	500 ng/ml	250 ng/ml
<input checked="" type="checkbox"/>	Barbiturates	300 ng/ml	300 ng/ml
<input checked="" type="checkbox"/>	Benzodiazepines	300 ng/ml	200 ng/ml
<input checked="" type="checkbox"/>	Cocaine and/or metabolites	150 ng/ml	100 ng/ml
<input checked="" type="checkbox"/>	Marijuana and/or metabolites <sup>3</sup>	50 ng/ml	15 ng/ml
<input checked="" type="checkbox"/>	Methadone	300 ng/ml	300 ng/ml
<input checked="" type="checkbox"/>	Methaqualone	300 ng/ml	300 ng/ml
<input checked="" type="checkbox"/>	Opiates and/or metabolites	2000 ng/ml	2000 ng/ml
<input checked="" type="checkbox"/>	Phencyclidine	25 ng/ml	25 ng/ml
<input checked="" type="checkbox"/>	MDA	-	250 ng/ml
<input checked="" type="checkbox"/>	MDEA	-	250 ng/ml

<sup>1</sup> Only tested if morphine is present at a concentration of at least 2000 ng/ml

<sup>2</sup> Alcohol blood test confirmation level: 0.02 g/100ml

<sup>3</sup> Marijuana and/or metabolites blood test confirmation level: 10 ng/ml

# APPLICANT SUBSTANCE ABUSE TESTING POLICY

## 1. Sample Collection Facility or Facilities

MMC Employee Health Services 7 Bramhall St Portland ME  
Miles Memorial Hospital Employee Health Services, 35 Miles St, Damriscotta ME  
Memorial Hospital, 3073 White Mountain Highway, North Conway, NH  
Spring Harbor Hospital, 123 Andover Rd, Westbrook ME  
Stephens Memorial Hospital, 181 Main St, Norway, ME  
Southern Maine Healthcare, 1 Medical Center Dr, Biddeford, ME and 13 July Street, Sanford ME  
Pen Bay Medical Center, 6 Glen Cove Dr, Rockport, ME  
Franklin Memorial Hospital 111 Franklin Health Commons, Farmington ME  
Waldo County General Hospital, 118 Northport Ave, Belfast ME  
Concentra Medical Services, 1600 Congress St, Portland ME (including Concentra's National Network)  
Bayside Employee Health Services 50 Sewall St, Suite 301 Portland ME  
Workwell, SMHC, Biddeford and Sanford Office locations

## 2. Point of Collection Testing (POCT)

The POCT is an initial screen test performed at the point of collection (POC)/collection site through the use of a non-instrumented POC testing device approved by the Federal Food and Drug Administration. This type of testing will be used for applicants only. The POCT procedures outlined in this policy do not replace or supersede any other drug testing policies or requirements.

Point of Collection Testing is a process that has been put into place in order to complement the existing drug testing procedures. Point of Collection Testing is a screening conducted at the point of collection site rather than a laboratory in order to determine the presence of illicit substances (see list of substances to be tested).

In order to ensure confidentiality of applicants during the POCT process, POCT will take place offsite at the POC/collection site with individuals who are trained in the POCT process, following approved Chain of Custody procedures. Staff who will perform POCT will be instructed in the proper manner of collecting samples, reading results and maintaining a proper chain of custody. At a minimum, the training will consist of the following:

**Precautions** – Specific storage information for the POCT testing device that will be utilized

**The Testing Procedure** – Sample collection, sample integrity, understanding the temperature strip and instructions for use

**Determination of Drug Screen Result** - Negative results, non-negative results, and invalid results

**Negative Result Procedure** – Notify the donor of the result and offer that he/she may observe the disposal of the urine, cup and POCT testing device

**Non-negative Result Procedure** – Requires proper Chain of Custody procedures. The sample must remain in the donor's site until the tamper evident tape is applied to the sample and the donor has completed the donor information and donor affidavit on the chain of custody form

**Invalid results** – Must be re-tested with a fresh POCT testing device; provided that if the applicant is found to have twice substituted, adulterated, diluted or otherwise tampered with the urine sample, the applicant shall be deemed to have refused to submit to a substance abuse test

**Collection Problems and Collector Response** – Procedures to follow for refusal to test, urine does not meet temperature requirements, shy bladder process, and suspected specimen tampering

Any sample that results in a negative test will be destroyed. Any sample that results in a positive result will be sent to the approved laboratory following approved Chain of Custody procedures for confirmation testing as described in Section 5 of the Policy.

### 3. Sample Collection

#### **A. Procedure to segregate a portion of the sample at applicant's request (Maine Employers ONLY):**

At the request of the applicant, at the time the test sample is taken, a portion of the sample collected, sealed, and labeled according to State regulations and these procedures, will be segregated for that person's own testing. This sample will be stored by the laboratory and chain of custody shall be maintained as provided in this policy.

Within 5 days after notice of the test result is given to the applicant, the applicant shall notify the employer and the facility of the testing laboratory selected for that person's own testing. The laboratory so selected must be licensed by the Maine Department of Human Services. The employer's laboratory shall promptly send the segregated portion of the specimen to the selected laboratory, subject to the same chain of custody and security requirements as observed for the employer's specimen.

The applicant will be required to pay for the segregation of a second sample as well as the expense of said additional testing only if and when the applicant notifies the employer that the applicant actually wishes the test to be made and the applicant notifies the employer of the choice of laboratory to which the second sample is to be sent.

Applicants for New Hampshire based employers do not have the option of appeal or testing of the segregated sample, so segregation is not necessary.

#### **B. Collection Procedure:**

The employer will not require an applicant to remove any clothing for the purpose of collecting a urine sample, except that the employer will require that an applicant leave any personal belongings other than clothing and any unnecessary coat, jacket or similar outer garments outside the collection area.

No applicant may be required to provide a urine sample while being observed, directly or indirectly, by another individual.

Each urine specimen will be assessed by the person in charge of collection, in the presence of the applicant by measuring:

- *Temperature:* within three (3) minutes of voiding - must be between 97-99 degrees Fahrenheit, unless the applicant's temperature is higher than 99 degrees or lower than 97 degrees F.
- *PH:* must be between 5-8 and by evaluating the odor and color of the specimen for other signs of contamination.

If the specimen does not meet any assessment standard, the specimen will be rejected and the applicant will be given an opportunity to provide a second specimen. The applicant will remain under observation at the medical facility and may be given liquids until the second specimen is provided.

If the second specimen fails to meet any assessment standard, the employer may deny employment to the applicant and neither specimen will be tested for substances of abuse.

In the presence of the donor, the collector shall pour off at least 30 ml in Bottle A for use as a confirmation test (if it becomes necessary). For Maine Employers Only: If applicant requests a segregated sample as described in policy, the collector shall pour off another 30 ml into Bottle B. The collector shall place the bottle seals over the bottles and have donor initial the seals. Chain of Custody procedure continues and the collector and donor must sign.

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The collector performs the following steps in testing the remainder of the specimen:

1. Performs analysis of specimen using proper procedures
2. Collector will read and record the results of the test on the chain of custody form and sign
3. If the test result is negative, that is recorded on the chain of custody form and the specimens are discarded
4. If the result is non-negative, the collector will indicate additional testing needed and sign the chain of custody form
5. If the results of the test are invalid, the collector will indicate additional testing needed and sign the chain of custody form
6. The chain of custody form is faxed to the laboratory;

If additional testing is needed, Bottle A and the chain of custody form are sealed in the tamper proof bag and shipped promptly to the laboratory of GC/MS confirmation for the drug(s) indicated. If shipment or transport is not feasible, the specimen will be refrigerated within one hour at less than 6 C for no more than three days, or frozen at -20 C or less, for no more than two weeks before shipment.

## 4. Sample Storage

All positive specimens will be retained by the laboratory in the original containers in secure storage at freezing temperatures (-20 C or less) for at least one year. Should legal challenge occur, the specimen will be retained throughout the period of resolution of the challenge.

## 5. Chain of Custody

### A. Labeling and Packaging:

Immediately upon collection of each sample, a chain of custody record will be established for that sample, indicating the identity of each person having control over the sample, and the times and dates of all transfers or other actions pertaining to the sample.

**Chain-of-Custody Procedure**, as used in this policy, means a procedure that assures the integrity of urine specimens by tracking their handling and storage from point of collection to final disposition.

The chain-of-custody form is initiated at the POCT site when there is a non-negative screening result. The chain of custody form is not included in this policy; MaineHealth uses CRL's form, **On-site Custody and Control/Result**, which is distributed to the following:

- 1) Laboratory
- 2) Medical review officer
- 3) Specimen collector
- 4) Employee Health Services
- 5) Applicant (donor)

If additional testing is indicated, CRL complies with all chain-of-custody and storage requirements.

### B. Transport:

Samples will be picked up from the facility within 24 hours of collecting the sample and will be transported in a secure fashion, so as to avoid tampering. Each person who takes custody of the sample in the course of transport will record on the chain of custody log the date, time, transporter's name and employer's name, origin and destination of the sample.



### C. At Lab:

When a sample arrives at the lab, the person receiving the sample shall record the time of receipt and the location of each sample in the lab's storage system. Any technician or other person who removes the sample from storage or opens the sample shall record the date, time, their name and purpose for removal or opening of the sample.

## 6. Identify Testing Laboratory

Clinical Reference Laboratory, 8433 Quivira Road, Lenexa, KS 66215

## 7. Procedure to Notify Applicant

- A. The applicant will be notified by personal telephone call and confirmed by mail unless the applicant otherwise instructs. All laboratory reports, including the screening, confirmation and quality control data shall be reviewed by the Medical Review Officer, Jon Torres, MD, MPH, WorkMed Occupational Health Services 15 Gracelawn Rd Auburn, ME 04210 as accurate.
- B. The report will identify the name of the laboratory, the drugs and metabolites tested for, whether the test results were negative or confirmed positive, and the cutoff levels for each substance. The report will include any available information concerning the margin of accuracy and precision of the test methods employed.
- C. Unless agreed upon by the applicant, no report will show the quantity of substance detected, but only the presence or absence of that substance relative to the cutoff level.
- D. No report will show that a substance was detected in a screening test, unless the presence of the substance was confirmed in the confirmatory test. Test results will be randomly delayed from 2 to 5 days so that the employer cannot gauge screening test results from the time results are reported. In addition, all testing will be billed to the employer at a single rate per sample tested (which may be periodically adjusted by the laboratory).
- E. No substance may be reported as present if the employer did not request analysis for that substance. Reports of samples segregated at the applicant's request, for testing by the applicant's choice of laboratory, will be provided to the applicant and to the employer.
- F. Unless the applicant consents, all test results and any information acquired by the employer in the testing process is confidential and may not be released to anyone except the applicant tested. This requirement applies to the personnel of all laboratories involved and to the employer. However, this does not prevent the disclosure of results or information if:
  1. Release of information is required or permitted by state and federal law including release under 26 M.R.S.A. Sec. 683 (8) (D), or
  2. The use of this information is part of any grievance procedure, administrative hearing or civil action relating to the imposition of the test or the use of test results. The results of any test may not be required, requested or suggested by the employer to be used in any criminal proceeding as provided by 26 M.R.S.A. Sec. 685 (3) (B).

The laboratory shall retain records of confirmed positive results in a numerical or quantitative form for at least two years.

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## 8. Procedure to Appeal (Maine Employers Only)

If the applicant chose to segregate a portion of their sample and elects to submit that sample to a laboratory of their choice, the results of the second test will be controlling. Once the request is made, CRL promptly sends the segregated portion of the specimen to the selected laboratory, subject to chain-of-custody and security requirements. The designated laboratory sends the results, negative or positive, to CRL. CRL informs the MRO of the result. The MRO reports the result to the applicant and Employee Health Services management.

The result of their test is determinative, and the costs for the testing are the responsibility of the applicant. The applicant is not given the opportunity to provide further medical information, nor do they have the right to appeal the result of the segregated specimen.

**If the MRO reports a negative result:**

Employee Health Services or their designee notifies the applicant about how to continue the post-offer, pre-placement medical evaluation.

**If the MRO reports a positive result:**

An Employment Specialist or designee notifies the applicant that the conditional job offer is rescinded and they are not eligible for employment for one year from the date the MRO advised the applicant of the positive segregated-specimen test result.

To appeal the results of a confirmed positive result in lieu of testing the segregated sample, the applicant must fill out and sign the attached "Substance Abuse Test Appeal" form submitting information explaining or contesting the results, within five (5) working days after notice of a confirmed positive test result.

The appeal process will be conducted without cost to the applicant. The applicant may then be scheduled to meet/speak within 14 days with Susan Guerin-Staples, Senior Director of Employee Health and Absence Management Services, and/or their designee. The applicant will explain the basis for the appeal and may be asked questions. After the meeting concludes, a written report of findings and conclusions will be prepared and a copy sent to the applicant.

There is no appeal for applicants tested to work for New Hampshire based employers. The results of the original test will be considered final.

**References:**

Maine Drug Testing Statute  
Department of Labor, Model Drug Testing Policy

DATE OF ISSUANCE: 10/06/08

DATE OF REVISION: 06/29/09; 05/06/10, 2/1/2013, 3/6/14, 9/14/14, 6/27/16, 9/2/16, 11/1/16, 3/16/17  
9/28/17, 12/10/18

**ADMINISTRATIVE APPROVAL**

Signature on file

\_\_\_\_\_  
Judith M. West

CHRO, SVP HR Shared Services

1/1/19

\_\_\_\_\_  
Date

APPENDIX A

SUBSTANCE ABUSE TEST APPEAL FORM

If you have reason to question the accuracy of a substance abuse test to which you have submitted, you may file an appeal by filling out this form.

Name of person appealing: \_\_\_\_\_

Date sample provided: \_\_\_\_\_

Where was sample provided? \_\_\_\_\_

What are the reasons for your appeal of the test's accuracy? (please be specific)

Multiple horizontal lines for text entry.

Date: \_\_\_\_\_

Signature of Person Appealing

\_\_\_\_\_ will schedule a time to meet with you within fourteen days from the time this Appeal is received by the employer.

# APPLICANT SUBSTANCE ABUSE TESTING POLICY

## APPENDIX B



Patient Name: \_\_\_\_\_

DOB: \_\_\_\_\_

### Authorization for Consent and Release of Information for Applicant Substance Abuse Testing

I, the undersigned, understand that my full cooperation with urine substance abuse testing is a condition of employment at MaineHealth. All my questions about the Applicant Substance Abuse Testing policy and this procedure have been answered to my satisfaction.

I understand that I have up to 3 hours to produce a sample sufficient for testing and that I will not be able to request a recollection of a specimen if I am unable to produce a sufficient quantity.

I understand if my urine specimen tests non-negative, indicating that the presence or suspected presence of substances was detected with the rapid point-of-collection testing method, my urine specimen will be sent in accordance with chain-of-custody requirements to Clinical Reference Laboratory (CRL) for confirmatory testing using gas chromatography-mass spectrometry (GC/MS).

If CRL confirms my urine specimen as positive (indicating the presence of substances), MaineHealth, Medical Review Officer (MRO) will attempt to contact me to evaluate my medical history and other relevant biomedical information. The MRO will then determine if my urine specimen meets the criteria of negative or positive for substances. If I do not hear from the MRO I understand it is my responsibility to reach out to them within 5 business days of my EHS appointment to initiate communication.

If the MRO confirms my urine specimen as positive, the MRO will inform me how to have my segregated urine specimen tested by a laboratory approved by the Maine Department of Human Services. If I choose to have my segregated specimen tested, once appropriately notified, CRL shall promptly send the segregated portion of the specimen to the selected laboratory, subject to the same chain-of-custody and security requirements as observed for the point-of-collection specimen.

I understand that I will be required to pay for the segregated specimen to be tested.

My designated laboratory sends the results from my segregated specimen to CRL. CRL informs the MRO of the results of the segregated specimen. The MRO will advise me of the result and will report the result to MaineHealth Employee Health Services management. This result will be reported by the MRO to MaineHealth as negative or positive. I will not be given opportunity to provide further medical information, nor will I have the right to appeal the result of the segregated specimen. This result is determinative.

If the MRO determines my urine specimen is negative, MaineHealth Employee Health Services or designee will notify me about how to continue the post-offer, pre-placement medical evaluation.

If the MRO determines my urine specimen is positive, a MaineHealth Employment Specialist or their designee will notify me that my conditional job offer is rescinded and I am not eligible for employment within MaineHealth for one year from the date of collection. If I chose not to test my segregated sample, I can file a **Substance Abuse Test Appeal** (see Appendix A) with the Sr. Director of Employee Health Services within five business days of the MRO's notification to me of the positive result and that an appeal does not include a recollection of a sample. I understand that I will not be permitted to provide services within MaineHealth during that one-year period on behalf of my current or any other employer, and if work is assigned to me at any MaineHealth facility, MaineHealth will inform my employer of my disqualification from providing services there, without divulging the reason for the disqualification.

I consent to having negative or positive substance abuse test results disclosed to MaineHealth's Medical Review Officer, Employee Health Services, and Human Resources. I understand I should not to share my results with the hiring manager.

I hereby consent to the collection of my urine specimen(s) for substance abuse testing for non-medical purposes.

Name (printed) \_\_\_\_\_ DOB \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Signature of Parent/Legal Guardian (if applicable) \_\_\_\_\_ Date \_\_\_\_\_

Witness Name/Title \_\_\_\_\_ Date \_\_\_\_\_

Witness Signature \_\_\_\_\_ Date \_\_\_\_\_

### APPENDIX C

#### Substance Abuse Testing Procedure Verification

APPLICANT NAME \_\_\_\_\_ DOB \_\_\_\_\_

##### Before specimen collection:

Are you able to produce a urine specimen at this time?.....  Yes  No

Do you have photo identification with you?.....  Yes  No

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

##### After specimen collection:

Did the clinician check your photo identification before your specimen collection?.....  Yes  No

Did the clinician explain the collection process before your specimen was collected?.....  Yes  No

Were you asked to show what was in your pockets and remove outer clothing before your specimen collection?  Yes  No

Were you asked not to flush the toilet during your specimen collection?.....  Yes  No

Was the sealed testing kit examined and opened in your presence before your specimen collection?.....  Yes  No

Were you instructed to wash your hands before collecting your specimen?.....  Yes  No

Was the toilet water blue during your specimen collection?.....  Yes  No

Did you personally hand your urine specimen directly to the clinician after collection?.....  Yes  No

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_ Time Collected \_\_\_\_\_

**Result:**  **Negative**

Clinician Signature \_\_\_\_\_ Date \_\_\_\_\_

**Result:**  **Non-Negative**  **Forwarded to Lab**

Was your urine specimen separated into two specimens in your presence?.....  Yes  No

Did you and the collector verify that the urine specimen bottle label(s) and the chain-of-custody form had identical numbers?.....  Yes  No

Did you initial the labels on the specimen bottles?.....  Yes  No

Did you and the collector sign the chain-of-custody form?.....  Yes  No

Did you see the collector place your urine specimens in the tamper-proof specimen bag and then seal it?.....  Yes  No

Were you given a copy of the chain-of-custody form?.....  Yes  No

If the MRO informs me of a positive result, I can request that my segregated specimen be tested by an approved lab of my choice at my cost by notifying the MRO within five business days of the confirmed positive result.

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_ Time \_\_\_\_\_

Clinician Signature \_\_\_\_\_ Date \_\_\_\_\_ Time \_\_\_\_\_

Comments or Remarks: \_\_\_\_\_