

## VA DRUG-FREE WORKPLACE PROGRAM

- 1. REASON FOR ISSUE:** This handbook provides departmental procedures for our Drug-Free Workplace Program, and collection of urine specimens for drug testing, transportation of specimens to the testing laboratory, and submission of blind samples for the purpose of quality control.
- 2. SUMMARY OF CONTENTS/MAJOR CHANGES:** This handbook combines the former VA Handbooks 5383.1, VA Drug Free Workplace Program, and 5383.2, Urine Drug Testing: Collection and Transportation of Urine. Additional changes include the addition of Chiropractors to positions subject to random drug testing and minor revisions to the paragraph covering Reasonable Suspicion Testing in Part I to this Handbook. This new handbook will be maintained on the [Office of Human Resources Management and Labor Relations Web site](#).
- 3. RESPONSIBLE OFFICE:** The Employee Relations and Performance Management Service (051), Office of the Deputy Secretary for Human Resources Management and Labor Relations.
- 4. RELATED DIRECTIVE:** VA Directive 5383, VA Drug-Free Workplace Program.
- 5. RESCISSIONS:** VA Handbook 5383.1, VA Drug-Free Workplace Program and VA Handbook 5383.2, Urine Drug Testing: Collection and Transportation of Urine Specimens.

**CERTIFIED BY:**

**BY DIRECTION OF THE SECRETARY  
OF VETERANS AFFAIRS**

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**VA DRUG-FREE WORKPLACE PROGRAM**

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PART I. DRUG-FREE WORKPLACE PROGRAM

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**PART I. DRUG-FREE WORKPLACE PROGRAM****1. PURPOSE**

- a. This [part] contains mandatory VA procedures for the Drug-Free Workplace Program.
- b. [This part] also contains:
  - (1) Testing designated positions (Appendix A); and,
  - (2) Sample 30-day specific notice and sample acknowledgment (Appendix B)

**2. INTRODUCTION.** The following provides background information on the establishment of VA's Drug-Free Workplace Program:

- a. On September 15, 1986, President Reagan signed Executive Order 12564, establishing the goal of a drug-free Federal workplace. The Order made it a condition of employment for all Federal employees to refrain from using illegal drugs on or off duty. In a letter to all executive branch employees dated October 4, 1986, the President reiterated his goal of ensuring a safe and drug-free workplace for all Federal workers.
- b. The Executive order recognized that illegal drug use is seriously impairing a portion of the national workforce, resulting in the loss of billions of dollars each year. As the largest employer in the nation, the Federal government has a compelling proprietary interest in establishing reasonable conditions of employment. Prohibiting employee drug use is one such condition. The Department of Veterans Affairs is concerned with the well-being of its employees, the successful accomplishment of departmental missions, and the need to maintain employee productivity. The intent of this policy is to offer a helping hand to those who need it, while sending a clear message that any illegal drug use is, quite simply, incompatible with Federal service.
- c. On July 11, 1987, Congress passed legislation affecting implementation of the Executive Order under Section 503 of the Supplemental Appropriations Act of 1987, Public Law 100-71, 101 Stat. 391, 468-471, codified at Title 5 United States Code (U.S.C.) § 7301 note (1987), (hereafter, known as "the Act"), in an attempt to establish uniformity among Federal agency drug testing plans, reliable and accurate drug testing, employee access to drug testing records, confidentiality of drug test results, and centralized oversight of the Federal Government's drug testing program. Similar implementing legislation is contained in successor appropriations acts.
- d. The purpose of VA's Drug-Free Workplace Program is to set forth objectives, policies, procedures, and implementation guidelines, to achieve a Drug-Free Federal Workplace, consistent with the Executive order and section 503 of the Act.

**3. EMPLOYEE ASSISTANCE PROGRAMS (EAP)**

- a. **Function.** The Department's EAP plays an important role in preventing and resolving employee drug use by demonstrating VA's commitment to eliminating illegal drug use; providing employees an opportunity, with appropriate assistance, to discontinue their drug use; providing educational material to

## PART I

supervisors and employees on drug use issues; assisting supervisors in confronting employees who have performance and/or conduct problems and making referrals to appropriate treatment and rehabilitative facilities; and, follow-up with individuals during the rehabilitation period to track their progress and encourage successful completion of the program. The EAP, however, shall not be involved in the collection of urine samples or the initial reporting of test results. Specifically, the EAP shall:

- (1) Provide counseling and assistance to employees who self refer for treatment or whose drug tests have been confirmed positive, and monitor the employees' progress through treatment and rehabilitation;
- (2) Provide needed education and training on types and effects of drugs, symptoms of drug use and its impact on performance and conduct, relationship of the EAP with the drug testing program, and related treatment, rehabilitation, and confidentiality issues; and
- (3) Ensure that confidentiality of test results and related medical treatment and rehabilitation records are maintained in accordance with paragraph 14 of [Part I to] this Handbook.

b. **Referral and Availability.** Any employee found to be using drugs shall be referred to the EAP. The EAP shall be administered separately from the testing program, and shall be available to all employees without regard to a finding of drug use. The EAP shall provide counseling or rehabilitation for all referrals, as well as education and training regarding illegal drug use. Counseling and referral to rehabilitation services will be offered to employees and their family members with substance abuse problems, and also to employees who have family members with substance abuse problems.

c. **Leave Allowance.** Employees shall be allowed up to 1 hour (or more, as necessitated by travel time) of excused absence for each counseling session, up to a maximum of 8 total hours during the assessment/referral phase of rehabilitation. Absences during duty hours for rehabilitation or treatment must be charged to the appropriate leave category in accordance with law and leave regulations and [VA Handbook 5011, Part III], Absence and Leave.

d. **Records and Confidentiality.** All EAP operations shall be confidential in accordance with paragraph 14 [of Part I] to this Handbook, which relates to records and confidentiality.

e. **Structure**

(1) The Office of Human Resources Management shall be responsible for oversight and implementation of the VA EAPs and will provide, with the support of the Secretary, high level direction and promotion of the EAP.

(2) Department policy on the structure, functions and responsibilities in the EAP is found in [VA Handbook 5019, Part VI].

#### 4. SUPERVISORY TRAINING

a. **Objectives.** As supervisors have a key role in establishing and monitoring a drug-free workplace, VA shall provide training to assist supervisors and managers in recognizing and addressing illegal drug use by Department employees. The purpose of supervisory training is to understand:



- (1) Department policies related to work performance problems, drug use, and the EAP;
- (2) The responsibilities for offering EAP services;
- (3) How employee performance and behavioral changes should be recognized and documented;
- (4) The roles of the medical staff, supervisors, personnel, and EAP personnel;
- (5) The ways to use the facility EAP;
- (6) How the EAP is linked to the performance appraisal and the disciplinary process; and,
- (7) The process of reintegrating employees back into the work force.

b. **Implementation.** The Office of Human Resources Management is responsible for implementing supervisory training and for developing a training package to ensure that all employees and supervisors are fully informed of VA's Drug-Free Workplace Program.

c. **Training Package**

(1) Supervisory training shall be required of all supervisors and may be presented as a separate course, or be included as part of an ongoing supervisory training program. Training shall be provided as soon as possible after a person assumes supervisory responsibility. Training courses should include:

- (a) Overall Department policy;
- (b) The prevalence of various employee problems with respect to drugs and alcohol;
- (c) The EAP approach to handling problems;
- (d) How to recognize employees with possible problems;
- (e) Documentation of employee performance or behavior;
- (f) How to approach the employee;
- (g) How to use the EAP;
- (h) Disciplinary action, and removals from sensitive positions as required by section 5(c) of the Executive order;
- (i) Reintegration of employees into the work force; and,
- (j) Written materials which the supervisor can use at the work site.

(2) The supervisory training unit provided by the Office of Human Resources Management should be supplemented and modified to meet local facility needs as determined by the Human Resources Management Officer in consultation with the facility Director, MRO, and EAP Coordinator.

## 5. EMPLOYEE EDUCATION

a. **Objectives.** The Department EAP Administrator shall assist facility EAP Coordinators in offering drug education to all VA employees. Drug education should include education and training on:

- (1) Types of drugs tested for;
- (2) Symptoms of drug use, and the effects on performance and conduct;
- (3) The relationship of the EAP to the drug testing program; and,
- (4) Other relevant treatment, rehabilitation, and confidentiality issues.

b. **Means of Education.** Drug education activities may include:

- (1) Distribution of written materials;
- (2) Videotapes;
- (3) Lunchtime employee forums; and,
- (4) Employee drug awareness days.

## 6. SPECIAL DUTIES AND RESPONSIBILITIES

a. **Drug Program Administrator (DPA).** The Deputy Assistant Secretary (DAS) for Human Resources Management, or designee, is the VA Drug Program Administrator responsible for carrying out the requirements of this program. The DPA is responsible for the overall implementation, direction, administration and management of the Department's drug program. The DPA serves as the principal contact point with medical and laboratory officials in assuring the effective operation of the testing portion of the program. In carrying out this responsibility, the DPA shall among other duties:

- (1) Develop systems for all testing authorized under Executive Order 12564;
- (2) Coordinate with and report to the Secretary on activities and findings that may affect the reliability or accuracy of laboratory results;
- (3) Publicize and disseminate drug program educational materials, and oversee training and education activities regarding drug usage and rehabilitation; and,
- (4) Coordinate all Drug Program Coordinator activities in field facilities wherever possible to conserve resources and to efficiently and speedily accomplish reliable and accurate testing objectives.

b. **Drug Program Coordinators (DPCs)**

(1) The following officials have been designated as DPCs.

(a) Under Secretary for Health, Under Secretary for Benefits, [Under Secretary for Memorial Affairs], Assistant Secretaries or appropriate key officials, or designees, for field facility Directors.

(b) DAS for Human Resources Management, or designee, for Headquarters employees.

(c) Field facility Directors, or designee, for employees under their jurisdiction.

[ ]

(2) Each DPC shall, in addition to other duties:

(a) Schedule employees for random testing authorized under this Program;

(b) Control access to random listing of employees to be tested;

(c) Coordinate with and report to the DPA on DPC activities and findings that may affect the reliability or accuracy of laboratory results; and

(d) In coordination with the EAP Coordinator, publicize and disseminate drug program educational materials, and oversee training and education sessions regarding drug use and rehabilitation.

**c. Administrative Officials**

(1) The Administrative Official at field facilities will be the facility Director, or designee. At VA Central Office, the Administrative Official will be the appropriate Administration Head, Deputy Assistant Secretary (DAS), or appropriate other key official. In cases involving field facility Directors, the Administrative Official will be the appropriate Administration Head, [Network Director,] or other appropriate key official. For Administration Heads, [Network Directors,] Assistant Secretaries, DAS's or other key officials, the Administrative Official will be the Deputy Secretary.

(2) The Administrative Official will receive verified positive test results from the MRO and take appropriate action, e.g., referral to the Employee Assistance Program, referral for disciplinary action, or removal of employee from a sensitive position.

**d. Employee Assistance Program Administrator.** The EAP Administrator shall:

(1) Assume the lead role in the development, implementation, and evaluation of the Department EAP;

(2) Assist EAP Coordinators in establishing field facility EAPs; and

(3) Advise field facilities on the submission of annual statistical reports, and prepare consolidated reports on Department EAP activity.

**e. Employee Assistance Program Coordinators.** The EAP Coordinators shall:

- (1) Implement and operate the EAP within their field facilities;
- (2) Provide counseling and treatment services to all employees referred to the EAP by their supervisors or on self-referral, and otherwise offer employees the opportunity for counseling and rehabilitation;
- (3) Coordinate with the field facility Director, the MRO and supervisors, as appropriate;
- (4) Work with the DPC to provide educational materials and training to managers, supervisors, and employees on illegal drugs in the workplace;
- (5) Assist supervisors with performance and/or personnel problems that may be related to illegal drug use;
- (6) Monitor the progress of referred employees during and after the rehabilitation period;
- (7) Assist supervisors in the recognition and documentation of facts and circumstances that support a reasonable suspicion that an employee may be using illegal drugs; and,
- (8) Maintain a list of rehabilitation or treatment organizations which provide counseling and rehabilitative programs, and include the following information on each such organization:
  - (a) Name, address, and phone number;
  - (b) Types of services provided;
  - (c) Hours of operation, including emergency hours;
  - (d) The contact person's name and phone number;
  - (e) Fee structure, including insurance coverage;
  - (f) Client specialization; and
  - (g) Other pertinent information.
- (9) Periodically visit rehabilitative or treatment organizations to meet administrative and staff members, tour the site, and ascertain the experience, certification and educational level of staff, and the organization's policy concerning progress reports on clients and post-treatment follow-up.

**f. Employee Assistance Counselors**

- (1) Facility Employee Assistance Counselors shall:
  - (a) Serve as the initial point of contact for employees who ask or are referred for counseling;
  - (b) Be familiar with all applicable law and regulations, including drug treatment and rehabilitation insurance coverage available to employees through the Federal Employee Health Benefits Program;

(c) Be qualified by the EAP Coordinator and be trained in counseling employees in the occupational setting, and identifying drug use;

(d) Document and sign the treatment plan prescribed for all employees referred for treatment, after obtaining the employee's signature on this document; and

(e) In making referrals, consider the following:

1. Nature and severity of the problem;
2. Location of the treatment;
3. Cost of the treatment;
4. Intensity of the treatment environment;
5. Availability of inpatient/outpatient care;
6. Other special needs, such as, transportation and child care; and,
7. The preferences of the employee.

(2) In the event the employee is not satisfied with the program of treatment or rehabilitation, that employee may seek a review of the EAP Counselor's referral by notifying the DPC prior to completion of the program. The decision of the DPC shall be final and shall not be subject to further administrative review. Regardless of the treatment program chosen, the employee remains responsible for successful completion of the treatment, and assertions that the counselor failed to consider one or more of the above factors in making a referral shall not constitute either an excuse for continuing to use illegal drugs or a defense to disciplinary action if the employee does not complete treatment.

g. **Medical Review Officers.** The MRO shall, among other duties:

(1) Receive all laboratory test results;

(2) Ensure that an individual who has tested positive has been afforded an opportunity to justify the test result in accordance with paragraph 13.d. of [Part I to] this Handbook;

(3) Consistent with confidentiality requirements, refer written determinations regarding all verified positive test results to designated Administrative Officials, including a positive drug test result form indicating that the positive result has been verified, together with all relevant documentation and a summary of findings;

(4) Confirm with the appropriate human resources management official when an applicant has obtained a verified positive test result; and,

(5) Coordinate with and report to the designated Administrative Official on all activities and findings on a regular basis.

h. **Human Resources Management Officials.** The servicing Human Resources Management Officer, or designee, will provide advice and assistance to Drug Program Coordinators, Administrative Officials, and EAP Coordinators in carrying out their responsibilities in accordance with this Program.

i. **Supervisors**

(1) Supervisors will be trained to recognize and address illegal drug use by employees, and will be provided information regarding referral of employees to the EAP, procedures and requirements for drug testing, and behavioral patterns that give rise to a reasonable suspicion that an employee may be using illegal drugs. Except as modified by the Secretary to suit specific program responsibilities, first line supervisors shall:

(a) Attend training sessions on illegal drug use in the workplace;

(b) Initiate a reasonable suspicion test, after first making appropriate factual observations and documenting those observations and obtaining approval from the higher level supervisor;

(c) Refer employees to the EAP for assistance in obtaining counseling and rehabilitation, upon a finding of illegal drug use;

(d) Initiate appropriate disciplinary action upon a finding of illegal drug use; and,

(e) In conjunction with personnel specialists, assist higher level supervisors and the EAP coordinator in evaluating employee conduct/performance and/or personal problems that may be related to illegal drug use.

(2) Higher level supervisor shall review and concur, in advance, with all reasonable suspicion tests ordered under their supervision.

j. **Government Contractors.** Wherever existing facilities are inadequate to implement this program, the Secretary or designee shall:

(1) Act as Contracting Officer for the administration of all related contracts;

(2) Ensure that contractors chosen to perform the drug screening tests are duly certified pursuant to the Department of Health and Human Services (HHS) guidelines and that all contracts conform to the technical specifications of the HHS guidelines; and,

(3) Establish, by contract or with VA employees as deemed appropriate, the positions and specific responsibilities of the DPC and the MRO as required by the HHS guidelines.

**7. NOTICE**

a. **General Notice.** A general notice from the Secretary announcing the testing program, as required by Section 4(a) of the Executive order will be provided to all employees no later than sixty (60) days prior to the implementation date of the program. The notice shall explain:

- (1) The purpose of the VA Drug-Free Workplace Program;
- (2) That the program will include both voluntary and mandatory testing;
- (3) That those who occupy testing designated positions (Appendix A of [Part I to] this Handbook) will also receive an individual notice, prior to the commencement of testing, indicating that their position has been designated a testing designated position;
- (4) The availability and procedures necessary to obtain counseling and rehabilitation through the EAP;
- (5) The circumstances under which testing may occur;
- (6) That opportunity will be afforded to submit medical documentation of lawful use of an otherwise illegal drug;
- (7) That the laboratory assessment is a series of tests which are highly accurate and reliable, and that, as an added safeguard, laboratory results are reviewed by the MRO;
- (8) That positive test results verified by the MRO may only be disclosed to the employee, the appropriate EAP coordinator, the appropriate management officials necessary to process an adverse action against the employee, or a court of law or administrative tribunal in any adverse personnel action; and,
- (9) That all medical and rehabilitation records in an EAP will be deemed confidential patient records and may not be disclosed without the prior written consent of the patient.

**b. Individual Notice**

- (1) In addition to the general notice, an individual notice will be issued to all employees in testing designated positions explaining, in addition to the information provided above:
  - (a) That the employee's position has been designated as a testing designated position;
  - (b) That the employee will have the opportunity to voluntarily identify himself or herself as a user of illegal drugs and to receive counseling or rehabilitation, and shall not be subject to disciplinary action; and,
  - (c) That the employee's position will be subject to random testing no sooner than 30 days.
- (2) Field facility Directors (the DAS for Human Resources Management for Headquarters employees and field facility Directors) or designees shall assure that a specific notice is given, in writing, to each employee in a testing designated position subject to random testing, no later than 30 days before testing commences. A copy of the previously issued General Notice should be attached to the specific notice. A sample notice appears in Appendix B of [Part I to] this Handbook.
- (3) Employees entering into positions subject to random testing after the date of this Handbook, by appointment, transfer, promotion, reassignment or any other personnel action will be given a notice at the time the personnel action is effected.

c. **Signed Acknowledgment**

(1) Each employee in a testing designated position shall be asked to acknowledge in writing a statement similar to the following: The employee has received and read the notice which states that the employee's position has been designated for random drug testing; and that refusal to submit to testing will result in initiation of disciplinary action, up to and including removal.

(2) If the employee refuses to sign the acknowledgment, the employee's supervisor shall note on the acknowledgment form that the employee received the notice. This acknowledgment shall be centrally collected for easy retrieval by the Drug Program Coordinator, and is advisory only. An employee's failure to sign the notice shall not preclude testing that employee, or otherwise affect the implementation of this program since the general 60-day notice will previously have notified all agency employees of the requirement to be drug free.

(3) A sample acknowledgment appears in Appendix B of [Part I to] this Handbook.

d. **Administrative Relief.** If an employee believes his or her position has been wrongly designated as a testing designated position (TDP), that employee may file an administrative appeal through channels to the DAS for Human Resources Management. The appeal must be submitted by the employee, in writing, within 15 days of notification, setting forth all relevant information. After carefully reviewing the appeal, the DAS for Human Resources Management may request that the Assistant Secretary for Human Resources and Administration, reconsider the designation of the position as a TDP. The appeal shall be reviewed by all officials based upon the criteria applied in designating that employee's position as a TDP. The Assistant Secretary for Human Resources and Administration's decision is final and is not subject to further administrative review.

**8. FINDINGS OF DRUG USE AND DISCIPLINARY CONSEQUENCES**

a. **Determination.** An employee may be found to use illegal drugs on the basis of any appropriate evidence including, but not limited to:

- (1) Direct observation;
- (2) Evidence obtained from an arrest or criminal conviction;
- (3) A verified positive test result; or,
- (4) An employee's voluntary admission.

b. **Mandatory Administrative Actions.** VA shall refer an employee found to use illegal drugs to the EAP, and, if the employee occupies a sensitive position, immediately relieve the employee from that position without regard to whether it is a testing designated position. However, the field facility Director (Administration Heads, Assistant Secretaries, Deputy Assistant Secretaries or other Key Officials for VA Central Office personnel and field employees in centralized positions) as part of an EAP may, in his/her



discretion, allow the employee to return to duty in a sensitive position if the employee's return would not endanger public health or safety or national security. Note: national security determinations are coordinated with the [Office of Security and Law Enforcement].

**c. Range of Consequences**

(1) The severity of the disciplinary action taken against an employee found to use illegal drugs will depend on the circumstances of each case, will be consistent with the Executive order, and includes the full range of disciplinary actions, including removal. VA shall initiate disciplinary action against any employee found to use illegal drugs but shall not discipline an employee who voluntarily admits to illegal drug use in accordance with paragraph 8.f. of [Part I to] this Handbook.

(2) Such disciplinary action, consistent with the requirements of P.L. 95-454, the Civil Service Reform Act, and other statutes, [ ] policies, and regulations may include [at a minimum] any of the following measures:

- (a) Admonishing or reprimanding the employee in writing;
- (b) Placing the employee in an enforced leave status;
- (c) Suspending the employee for 14 days or less;
- (d) Suspending the employee for 15 days or more;
- (e) Suspending the employee until the employee successfully completes the EAP or until VA determines that action other than suspension is more appropriate;
- (f) Removing the employee from service; or,
- (g) Reducing the employee in pay or grade.

(3) All disciplinary actions will fully conform to the policies and procedures contained in [VA Handbook 5021, Parts I and II,] as appropriate. For employees not subject to these procedures, action deemed appropriate to correct the situation, including separation, will be taken.

**d. Mandatory Initiation of Removal From Service**

(1) VA shall initiate action to remove an employee for:

- (a) Refusing to obtain counseling or rehabilitation through an Employee Assistance Program as required by the Executive order after having been found to use illegal drugs; or,
- (b) Having been found not to have refrained from illegal drug use after a first finding of illegal drug use.

(2) The servicing human resources management office will be consulted for advice and assistance prior to initiating or taking disciplinary actions under this program.

**e. Refusal to Take Drug Test When Required**

- (1) An employee who refuses to be tested when so required will be subject to the full range of disciplinary action, including removal.
- (2) No applicant who refuses to be tested shall be extended an offer of employment.
- (3) Attempts to alter or substitute the specimen provided will be deemed a refusal to take the drug test when required.

**f. Voluntary Referral**

- (1) A fundamental purpose of VA's drug testing program is to assist employees who themselves are seeking treatment for drug use. For this reason, VA will not initiate disciplinary action against any employee who meets all three of the following "safe harbor" conditions:
- (a) Voluntarily identifies him/herself as a user of illegal drugs prior to being identified through other means;
  - (b) Obtains counseling or rehabilitation through an Employee Assistance Program; and
  - (c) Thereafter refrains from using illegal drugs.
- (2) This self-referral option allows any employee to step forward and identify him/herself as an illegal drug user for the purpose of entering a drug treatment program under the EAP. In stepping forward, and consistent with paragraph 12.b. of [Part I to] this Handbook, an employee may volunteer for a drug test as a means of identification. Although this self-identification test may yield a verified positive test result, such result shall not subject the employee to discipline assuming the three safe harbor requirements are met.
- (3) Since the key to this provision's rehabilitative effectiveness is an employee's willingness to admit his or her problem, this provision will not be available to an employee who is asked to provide a urine sample when required, or who is found to have used illegal drugs pursuant to paragraph 8.a. [of Part I to this Handbook,] and who thereafter requests protection under this provision.

**9. RANDOM TESTING**

**a. Position Titles Designated for Random Drug Testing.** The position titles designated for random drug testing are listed in Appendix A of [Part I to] this Handbook, along with the criteria and procedures applied in designating such positions for drug testing. Other positions, based on the specified duties assigned in relation to the criteria in paragraph b below, may be considered for inclusion as testing designated positions for random testing upon recommendation of the field facility Director (or Service Director or comparable positions in [VA Central Office] [ ]). The recommendation must receive the approval of the Assistant Secretary for [Management] [ ] before the position may be included for random testing. Before making decisions, the approving official should refer the request, including the rationale for the designation and a copy of the official position description or equivalent, to the Office of Human Resources Management for review and recommendation by the Drug Program Administrator.

**b. Determining the Testing Designated Position**

(1) Among the factors the Secretary has considered in determining a testing designated position, are the extent to which VA:

- (a) Considers its mission inconsistent with illegal drug use;
- (b) Is engaged in law enforcement;
- (c) Has national security responsibilities;
- (d) Has drug interdiction responsibilities; or

(2) The extent to which the position considered:

- (a) Authorizes employees to carry firearms;
- (b) Gives employees access to sensitive information;
- (c) Authorizes employees to engage in law enforcement;
- (d) Requires employees, as a condition of employment, to obtain a security clearance; and/or,
- (e) Requires employees to engage in activities affecting public health or safety.

(3) These positions are characterized by critical safety or security responsibilities as related to the mission of VA. The job functions associated with these positions directly and immediately relate to public health and safety, the protection of life and property, law enforcement, or national security. These positions are identified for random testing because they require the highest degree of trust and confidence.

(4) The Secretary reserves the right to add or delete positions determined to be testing designated positions pursuant to the criteria established in the Executive order, VA Directive 5383 and this Handbook. Moreover, pursuant to 42 U.S.C. 290dd, the Secretary has determined that all positions which have been or will be designated as testing designated positions under this program are "sensitive positions," and are therefore exempted from coverage under 42 U.S.C. 290dd which provides that no person may be denied or deprived of Federal civilian employment or a Federal professional or other license or right solely on the basis of prior drug abuse.

**c. Implementing Random Testing.** In implementing the program of random testing, the Drug Program Administrator shall:

- (1) Ensure that the means of random selection remains confidential; and,
- (2) Evaluate periodically whether the numbers of employees tested and the frequency with which those tests will be administered satisfy VA's duty to achieve a drug-free workforce.

**d. Notification of Selection**

(1) The Office of Human Resources Management will implement a statistically random selection process for identifying employees to be tested during the specified month. A statistically random listing of employees to be tested will be generated from the PAID system on a monthly basis and will be communicated to officials listed below or one other designee. (Scheduling of employees for specimen collection will be coordinated with the appropriate VHA laboratory.) The following officials and/or one other designee will be responsible for scheduling employees for specimen collection and for controlling access to the listings.

(a) Under Secretary for Health, Under Secretary for Benefits, [Under Secretary for Memorial Affairs,] or other appropriate Assistant Secretary or key official for field facility Directors.

(b) Assistant Secretary or DAS for Human Resources Management for [VA Central Office] employees. (Upon request, Administration Heads, Deputy Assistant Secretaries and other key officials may have access to listings of [Central Office] employees under their jurisdiction who have been identified for drug testing.)

(c) Field facility Directors or one other designee (e.g., Chief, Human Resources Management Service) for employees under their jurisdiction.

(d) General Counsel for all Office of the General Counsel field employees.

[ ]

(2) Urine specimens will be collected for all employees by laboratory personnel at the employing or nearest VHA facility. Procedures for collecting specimens at non-medical facilities are specified in [Part II to this] Handbook [ ]. Notification to report for specimen collection will occur on the same day, preferably within two (2) hours, of the scheduled collection. The employee will be advised that he or she is under no suspicion of taking drugs and that his or her name was selected randomly. Specimen collection, including chain of custody and transportation of specimen to testing laboratories, will conform to HHS guidelines.

**e. Deferral of Testing**

(1) An employee selected for random drug testing may obtain a deferral of testing under the limited conditions listed below.

(a) Employee is in a leave status (sick, annual, administrative or leave without pay);

(b) Employee is in official travel status away from the test site or is about to embark on official travel scheduled prior to testing notification.

(2) A deferral may be approved only by the field facility Director, or designee (Administration Heads, Assistant Secretaries, other Key Officials or Deputy Assistant Secretaries for [VA Central Office personnel] or field facility Directors). An employee whose random test is deferred will be subject to an unannounced test within the following 60 days.

f. **Hardship Exemption.** Administration heads, Assistant Secretaries, other Key Officials and Deputy Assistant Secretaries may exempt certain positions from the drug testing program on the basis of hardship due to remote location of duty station and lack of an appropriate site for test administration. Reasonable means, however, should be used to overcome such hardships. Officials exercising this delegated authority will provide a report as to the reasons and facts underlying the hardship exemption through the Deputy Assistant Secretary for Human Resources Management to the Assistant Secretary for Human Resources and Administration on a semiannual basis.

## 10. REASONABLE SUSPICION TESTING

### a. Grounds

(1) Reasonable suspicion testing may be required of any employee in a position which is **designated** for random testing when there is a reasonable suspicion that the employee uses illegal drugs whether on or off-duty. [ ] A reasonable suspicion of drug use [ ] may be based upon, among other things:

- (a) Observable phenomena, such as direct observation of drug use or possession and/or the physical symptoms of being under the influence of a drug;
- (b) A pattern of abnormal conduct or erratic behavior in the workplace setting indicative of illegal drug use;
- (c) Arrest or conviction for a drug-related offense, or the identification of an employee as the focus of a criminal investigation into illegal drug possession, use, or distribution of controlled substances;
- (d) Information provided either by reliable and credible sources or independently corroborated; or,
- (e) Newly discovered evidence that the employee has tampered with a previous drug test.

(2) [ ] Reasonable suspicion testing [may be also be required of an employee in a **non-testing designated** position when there is a reasonable suspicion of on-duty use or on-duty impairment. A reasonable suspicion of on-duty drug use or on-duty impairment may be based upon, among other things:

- (a) Observable phenomena, such as direct observation of on-duty drug use or possession and/or the physical symptoms of being under the influence of a drug while on duty;
- (b) A pattern of abnormal conduct or erratic behavior in the workplace setting indicative of illegal drug use;
- (c) Arrest or conviction for a drug-related offense, or the identification of an employee as the focus of a criminal investigation into illegal drug possession, use, or distribution of controlled substances if the circumstances surrounding the arrest, conviction or investigation suggest on-duty use or impairment;
- (d) Information provided either by reliable and credible sources or independently corroborated which indicates on-duty use or impairment; or
- (e) Newly discovered evidence that the employee has tampered with a previous drug test.

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(3) Although reasonable suspicion testing does not require certainty, mere "hunches" are not sufficient to meet this standard.

(4) Reasonable suspicion testing should be ordered and conducted as soon as possible after the event(s) giving rise to the suspicion. This is particularly important when testing an employee in non-testing designated position in order to determine on duty use or impairment.]

**b. Procedures**

(1) If an employee is suspected of using illegal drugs, the appropriate supervisor will gather all information, facts, and circumstances leading to and supporting this suspicion. [Ordinarily, this will be done in time to complete testing on the day that the suspicion arises.] The official authorized to approve reasonable suspicion testing will be the official authorized to propose adverse actions for Title 5 employees [covered by VA Handbook 5021, Part I, Chapter 1,] or higher level official and the official authorized to propose major adverse actions for Title 38 employees [covered under by VA Handbook 5021, Part II, Chapter 2,] or higher level official.] The basis for requiring reasonable suspicion testing will also be fully documented by these officials.

(2) When reasonable suspicion has been established, the appropriate supervisor will promptly detail, for the record and in writing, the circumstances which formed the basis to warrant the testing. A written report will be prepared to include, at a minimum, the appropriate dates and times of reported drug related incidents, reliable/credible sources of information, rationale leading to the test, findings of the test, and the action taken.

**c. Obtaining the Sample.** The employee may be asked to provide the urine sample under observation in accordance with the criteria in paragraph 13.b. of [Part I to] this Handbook.

**d. Supervisory Training.** In accordance with paragraph 4. of [Part I to] this Handbook, supervisors will be trained to address illegal drug use by employees, to recognize facts that give rise to a reasonable suspicion, and to document facts and circumstances to support a finding of reasonable suspicion. Failure to receive such training, however, shall not invalidate otherwise proper reasonable suspicion testing.

**11. APPLICANT TESTING**

**a. Objectives.** To maintain the high professional standards of VA's work force, it is imperative that individuals who use illegal drugs be screened out during the initial employment process before they are placed on the employment rolls of VA. This procedure will have a positive effect on reducing instances of illegal drug use by employees working within VA, and will provide for a safer work environment.

**b. Extent of Testing.** All applicants as defined in paragraph 5 of VA Directive 5383 are subject to applicant drug testing, except medical residents and interns (medical, dental, optometry and podiatry), and affiliated health professions trainees/students (e.g., student nurses, psychology trainees, pharmacy residents, psychology interns).

**c. Exception to Receipt of Test Results Prior to Appointment in Special Situations**

(1) Occasionally the need may arise to make an emergency appointment to meet exigent needs, however, such a need would generally result from a demand to provide critical healthcare services. In such unusual circumstances, Administration Heads, Assistant Secretaries, other Key Officials, Deputy Assistant Secretaries and field facility Directors may approve a temporary appointment to a Testing Designated Position of an applicant identified for drug testing prior to receipt of the results of the applicant's drug test. Human Resources Management Officers will prepare a Memorandum of Understanding to be signed by the applicant indicating that the appointment is subject to immediate termination if the test result is verified positive by the MRO. **Appointments under this delegated authority may be effected only after the Memorandum of Understanding is signed by the applicant and urine specimen has been collected by laboratory personnel.**

(2) Temporary appointments made under this provision may not exceed 60 days in duration and may not be extended. Applicants for TDPs who are identified for drug testing may not be appointed to a non-TDP position pending receipt of the drug test results.

3) The basis for the exception will be fully documented, to show the emergent situation upon which the determination was made, and approved by the respective official listed above. Records of all such exceptions will be maintained by the facility's Human Resources Management Office for at least 2 years from the date of appointment and will be made available for review by the Drug Program Administrator upon request.

#### d. Vacancy Announcements

(1) The following notice will be communicated to applicants for VA employment in a testing designated position and will also be included in all VA vacancy announcements for such positions: "All applicants tentatively selected for VA employment in a testing designated position are subject to urinalysis to screen for illegal drug use prior to appointment. Applicants who refuse to be tested will be denied employment with VA."

(2) In addition, each applicant will be notified that appointment to the position will not be effected upon a verified positive drug test result. Failure of the vacancy announcement to contain this statement will not preclude applicant testing if advance written notice is provided applicants in some other manner.

#### e. Procedures

(1) Upon notification that an individual has been tentatively selected for employment in a testing designated position, facility Human Resources Management Officers ([Director, CO Human Resources Service, for Central Office] applicants) will be responsible for scheduling applicant testing and for directing applicants to the appropriate facility for specimen collection. The drug test must be undertaken as soon after notification as possible, and no later than 48 hours after notice to the applicant. Where appropriate, applicants may be reimbursed for reasonable travel expenses.

(2) When an exception to receipt of the drug test results prior to appointment has been approved by an appropriate official, an individual may be appointed to a testing designated position provided that a Memorandum of Understanding has been signed and a urine specimen is submitted for testing before the appointment is effected. The appointment will be terminated immediately if the drug test result is verified positive (see subparagraph 11.c.(1) [of Part I to this Handbook]).

(3) Applicants will be advised of the opportunity to submit medical documentation that may support a legitimate use for a specific drug and that such information will be reviewed only by the MRO or the staff of the MRO to determine whether the individual is licitly using an otherwise illegal drug.

f. **Human Resources Management Officials.** The facility Human Resources Management Officer ([Director, CO Human Resources Service for Central Office] applicants) shall assure, through consultation with the MRO or the staff of the MRO, that a drug test has been conducted on that individual and determine whether the test result is a verified positive result.

g. **Consequences.** VA will decline to extend a final offer of employment to any applicant with a verified positive test result, and such applicant may not reapply to VA for a period of 6 months. If an applicant for permanent appointment is serving on a temporary appointment, the permanent appointment will not be effected and the temporary appointment will be terminated. The Human Resources Management Officer working on the applicant's certificate shall be directed to object to the applicant on the basis of failure to pass the physical, a lack of personal characteristics necessary to relate to public employment or failure to support the goals of the Department. VA shall inform such applicant that a confirmed presence of a drug(s) in the applicant's urine precludes VA from hiring him or her.

## 12. ADDITIONAL TYPES OF DRUG TESTING

### a. Injury, Illness, Unsafe, or Unhealthful Practice Testing

(1) VA is committed to providing a safe and secure work environment. It also has a legitimate interest in determining the cause of serious accidents so that it can undertake appropriate corrective measures. Post-accident drug testing can provide invaluable information in furtherance of that interest. Accordingly, employees may be subject to testing when, based upon the circumstances of the accident, their actions are reasonably suspected of having caused or contributed to an accident that meets the following criteria:

(a) The accident results in a death or personal injury requiring immediate hospitalization; or,

(b) The accident results in damage to government or private property estimated to be in excess of \$10,000.

2) If an employee is suspected of having caused or contributed to an accident meeting the above criteria, the appropriate supervisor will present the facts leading to this suspicion to the field facility Director for approval. Once approval has been obtained and arrangements made for testing, the supervisor will prepare a written report detailing the facts and circumstances that warranted the testing.

(3) Drug tests ordered under this provision should be done as soon as possible after the accident or unsafe practice occurs.

(4) The conditions and procedures of testing shall be the same as random testing.

b. **Voluntary Testing.** In order to demonstrate their commitment to VA's goal of a drug-free workplace and to set an example for other Federal employees, employees not in testing designated positions may volunteer for unannounced random testing by notifying their local Human Resources



Management Officer. These employees will then be included in the pool of testing designated positions subject to random testing, and be subject to the same conditions and procedures, including the provisions of paragraph 8.f. [of Part I to this Handbook.] Volunteers shall remain in the TDP pool for the duration of the position which the employee holds, or until the employee withdraws from participation.

c. **Follow-up Testing.** All employees referred through administrative channels who undergo a counseling or rehabilitation program for illegal drug use through the EAP will be subject to unannounced testing following completion of such a program for a period of one year as determined by the local Employee Assistance Program Coordinator. Such employees shall be tested at the amount stipulated in any applicable abeyance agreement, or in the alternative, at an increased frequency of at least 6 times per year through placement in a separate random pool. Such testing is distinct from testing which may be imposed as a component of the EAP.

### 13. TEST PROCEDURES IN GENERAL

a. **Technical Guidelines for Drug Testing.** VA shall adhere to all scientific and technical guidelines for drug testing programs promulgated by HHS consistent with the authority granted by Executive Order 12564, and to the requirements of Section 503 of the Act. The VA drug testing program shall have professionally trained collection personnel, a laboratory certification program, rigorous analytical standards and quality assurance requirements for urinalysis procedures, and strict confidentiality requirements.

#### b. Privacy Assured

(1) Any individual subject to testing under VA Directive 5383 and [Part I to] this Handbook shall be permitted to provide urine specimens in private, and in a rest room stall or similar enclosure so that the employee is not observed while providing the sample. However, collection site personnel of the same gender of the person tested may, with the advance concurrence of a higher level supervisor, observe the individual provide the urine specimen when such personnel have reason to believe the individual may alter or substitute the specimen to be provided. Collection site personnel may have reason to believe that a particular individual may alter or substitute the specimen to be provided when:

- (a) Facts and circumstances suggest that the individual is an illegal drug user;
- (b) Facts and circumstances suggest that the individual is under the influence of drugs at the time of the test;
- (c) The individual has previously been found by VA to be an illegal drug user;
- (d) Facts and circumstances suggest that the individual has equipment or implements capable of tampering or altering urine samples; or,
- (e) The individual has previously tampered with a sample.

c. **Failure to Appear for Testing.** Failure to appear for testing without a deferral will be considered a refusal to participate in testing and will subject an employee to the full range of disciplinary actions,

including removal, and an applicant to the cancellation of an offer of employment. If an individual fails to appear at the collection site at the assigned time, the collector shall contact the DPC to obtain guidance on action to be taken.

**d. Opportunity to Justify a Positive Test Result**

(1) When a confirmed positive result has been returned by the laboratory, the MRO shall perform the duties set forth in the HHS Guidelines. For example, the MRO may choose to conduct employee medical interviews, review employee medical history, or review any other relevant biomedical factors. The MRO must review all medical records made available by the tested employee when a confirmed positive test could have resulted from legally prescribed medication. Evidence to justify a positive result may include, but is not limited to:

(a) A valid prescription; or,

(b) A verification from the individual's physician verifying a valid prescription

(2) Individuals are not entitled, however, to present evidence to the MRO in a trial-type administrative proceeding, although the MRO has the discretion to accept evidence in any manner the MRO deems most efficient or necessary.

(3) If the MRO determines there is no justification for the positive result, such result will then be considered a verified positive test result. The MRO or the staff of the MRO shall immediately contact the appropriate administrative official upon obtaining a verified positive test result.

**e. Employee Counseling and Assistance.** While participating in a counseling or rehabilitation program, and at the request of the program, the employee may be exempted from the random testing designated position pool for a period not to exceed 60 days, or for a time period specified in an abeyance agreement or treatment plan approved by the facility Director or equivalent Headquarters official. Upon completion of the program, the employee immediately shall be subject to follow-up testing pursuant to paragraph 12.c. of [Part I to] this Handbook.

**f. Savings Clause.** To the extent that any of the procedures specified in this paragraph are inconsistent with any of those specified in the Scientific and Technical Guidelines promulgated by the Department of Health and Human Services, or any subsequent amendment thereto, such HHS Guidelines or amendment shall supersede the procedures specified in this paragraph, but only to the extent of the inconsistency.

**14. RECORDS AND REPORTS**

**a. Confidentiality of Test Results**

(1) The laboratory may disclose confirmed laboratory test results only to the MRO or the staff of the MRO. Any positive result which the MRO justifies by licit and appropriate medical or scientific documentation to account for the result as other than the intentional ingestion of an illegal drug will be treated as a negative test result and may not be released for purposes of identifying illegal drug use. Test results will be protected under the provisions of the Privacy Act, 5 U.S.C. § 552a, *et seq.*, and

Section 503(e) of the Act, and may not be released in violation of either Act. The MRO may maintain only those records necessary for compliance with this Program. Any records of the MRO or the staff of the MRO, including drug test results, may be released to any supervisor or management official for purposes of auditing the activities of the MRO, except that the disclosure of the results of any audit may not include personal identifying information on any employee

(2) In order to comply with Section 503(e) of the Act, the results of a drug test of a VA employee may not be disclosed without the prior written consent of such employee, unless the disclosure would be:

(a) To the MRO;

(b) To the EAP coordinator in which the employee is receiving counseling or treatment or is otherwise participating;

(c) To any supervisory or management official within VA having authority to take adverse personnel action against such employee; or,

(d) Pursuant to the order of a court of competent jurisdiction or where required by the United States Government to defend against any challenge against any adverse personnel action.

(3) For purposes of this paragraph, "management official" includes any management or government official whose duties necessitate review of the test results in order to process adverse personnel action against the employee.

(4) In addition, test results with all identifying information removed shall also be made available to VA personnel, including the DPC, for data collection and other activities necessary to comply with Section 503(f) of the Act.

#### **b. Employee Access to Records**

(1) Any employee who is the subject of a drug test shall have access to any records relating to:

(a) Such employee's drug test; and,

(b) The results of any relevant certification, review, or revocation of proceedings, as referred to in Section 503(a)(1)(A)(ii)(III) of the Act.

(2) Except as authorized by law, an outside applicant who is the subject of a drug test, however, shall not be entitled to this information.

#### **c. Confidentiality of Records in General**

(1) All drug testing information specifically relating to individuals is confidential and should be treated as such by anyone authorized to review or compile program records. In order to efficiently implement this Program and to make information readily retrievable, the DPC shall maintain all records relating to reasonable suspicion testing, suspicion of tampering with evidence, and any other authorized documentation necessary to implement this program.

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(2) All records and information of the personnel actions taken on employees with verified positive test results should be forwarded to the servicing Human Resources Management Office. Such shall remain confidential, and be maintained in locked files, with only authorized individuals who have a "need-to-know" having access to them.

d. **Employee Assistance Program Records.** The EAP Coordinator shall maintain only those EAP records necessary to comply with this Program. After the appropriate supervisor or management official refers an employee to an EAP, the EAP will maintain all records necessary to carry out its duties. All medical and/or rehabilitation records concerning the employee's drug abuse, including EAP records of the identity, diagnosis, prognosis, or treatment are confidential and may be disclosed only as authorized by 42 C.F.R. Part 2, including the provision of written consent by the employee. With written consent, the patient may authorize the disclosure of those records to the patient's employer for verification of treatment or for a general evaluation of treatment progress. (42 C.F.R. § 2.1 et seq. (1986), revised regulations promulgated at 52 F.R. 21796, June 9, 1987).

e. **Maintenance of Records.** VA shall maintain the records of the VA's Drug-Free Workplace Program consistent with the National Archives Records Administration's, General Records Schedule 1, and all applicable Federal laws, rules and regulations regarding confidentiality of records, including the Privacy Act, 5 U.S.C. § 552a. If necessary, records may be maintained as required by subsequent administrative or judicial proceedings, or at the discretion of the Secretary. The recordkeeping system should capture sufficient documents to meet the operational and statistical needs of this program, and include:

- (1) Notices of verified positive test results referred by the MRO;
- (2) Written materials justifying reasonable suspicion testing or evidence that an individual may have altered or tampered with a specimen;
- (3) Anonymous statistical reports; and,
- (4) Other documents the DPC, MRO, or EAP Administrator deem necessary for efficient compliance with this program.

f. **Records Maintained By Government Contractors.** Any contractor hired to satisfy any part of this program shall comply with the confidentiality requirements of this program, and all applicable Federal laws, rules, regulations and guidelines.

g. **Statistical Information**

- (1) The appropriate DPC or designee shall collect and compile anonymous statistical data for reporting the number of:
- (a) Random tests, reasonable suspicion tests, injury, illness, unsafe or unhealthful practice testing, follow-up tests, or applicant tests administered;
  - (b) Verified positive test results;

- (c) Voluntary drug counseling referrals;
- (d) Involuntary drug counseling referrals;
- (e) Terminations or denial of employment offers resulting from refusal to submit to testing;
- (f) Terminations or denial of employment offers resulting from alteration of specimens;
- (g) Terminations or denial of employment offers resulting from failure to complete a drug abuse counseling program; and,
- (h) Employees who successfully complete EAP.

**APPENDIX A. TESTING DESIGNATED POSITIONS**

1. In accordance with criteria contained in Executive Order 12564, positions listed in this appendix have been determined as "sensitive" for drug testing purposes. VA employees in these positions will be designated as subject to drug testing.

2. Section 1 lists positions which the Secretary has determined involve law enforcement, national security, the protection of life and property public health or safety, or other functions requiring a high degree of trust and confidence. All positions in the occupations listed are covered by the random drug testing program.

3. Section 2 lists Presidential Appointees in VA, whose positions, according to Executive Order 12564, will be designated as sensitive.

4. Section 3 lists additional positions which have been identified as being subject to random testing because they have been designated as Special/Critical Sensitive under 5 C.F.R. 732.201. Only those positions which have the sensitivity level shown are included for random testing.

*Note: the position statements which outline the reasons that the positions are designated for testing are available for review in local VA Human Resources Management offices.*

**Section 1.** The following lists positions which are subject to drug testing because they involve law enforcement, national security, or the protection of life and property, public health or safety. For ease of reference, the listing has been divided into parts as follows:

- a. VHA positions authorized under Title 38, U.S.C., Chapters 73 and 74;
- b. General Schedule occupations (also includes positions in Title 38, U.S.C., Sec. 7401(3));
- c. Federal Wage System occupations; and
- d. Key management positions
- [e. Employees that carry firearms on a daily or regular basis.]

**Section 1a. VHA Positions Authorized Under Title 38 U.S.C., Chapters 73 and 74**

| Series | Title(s)   |
|--------|--|
| 601    | Expanded-Function Dental Auxiliary (EFDA) (Dental Assistant or Dental Hygienist)                                   |
| 602    | Physician (includes residents, osteopaths, clinical investigators, medical investigators, and research associates) |
| 603    | Physician Assistant  |
| 604    | Chiropractor   |
| 605    | Nurse Anesthetist  |
| 610    | Registered Nurse   |
| 668    | Podiatrist   |
| 680    | Dentist (includes residents and medical investigators)   |

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**APPENDIX A**

**Section 1b. General Schedule Occupations** (This section includes positions listed in Title 38 U.S.C., Sec. 7401(3))

| <u>Series</u> | <u>Title(s)</u>  |
|---------------|--|
| GS-081        | Firefighter/Fire Protector   |
| GS-083        | Police Officer/Detective   |
| GS-085        | Guard  |
| GS-101        | Coordinator, Alcohol/Drug Treatment Program  |
| GS-101/102    | Readjustment Counseling Manager/Specialist/Technician/Assistant/Addiction Specialist |
| GS-180        | Psychologist   |
| GS-401        | Hematologist, Histologist, Biologist, Research Biologist                             |
| GS-403        | Microbiologist/Research Microbiologist   |
| GS-405        | Pharmacologist/Toxicologist  |
| GS-601        | Histotechnologist, Cytotechnologist  |
| GS-601        | Nuclear Medicine Technologist  |
| GS-601        | Registered Respiratory Therapist   |
| GS-610        | Occupational Health Nurse  |
| GS-620        | Licensed Practical Nurse   |
| GS-621        | Nursing Assistant  |
| GS-622        | Medical Supply Technician/Aid  |
| GS-633        | Physical Therapist   |
| GS-640        | Certified Respiratory Therapy Technician   |
| GS-640        | Health Technician  |
| GS-642        | Nuclear Medicine Technician  |
| GS-644        | Medical Technologist   |
| GS-645        | Medical Technician   |
| GS-646        | Histopathology/Cytology/Pathology Technician   |
| GS-647        | Diagnostic Radiologic Technologist/Technician  |
| GS-648        | Therapeutic Radiologic Technologist/Technician                                       |
| GS-649        | Cardiac Catheterization Technician   |
| GS-649        | Electrocardiograph Technician  |
| GS-649        | Electroencephalograph Technician   |
| GS-649        | Heart-Lung Machine Technician  |
| GS-649        | Hemodialysis Technician  |
| GS-649        | Hyperbaric Chamber Technician  |
| GS-649        | Medical Machine Aid  |
| GS-649        | Medical Machine Technician   |
| GS-649        | Pulmonary Function Technician  |
| GS-651        | Respiratory Therapist  |
| GS-660        | Pharmacist   |
| GS-661        | Pharmacy Technician  |
| GS-681        | Dental Assistant   |
| GS-682        | Dental Hygienist   |
| [ ]           |  |

|          |   |
|----------|---|
| GS-858   | Clinical/Biomedical Engineer            |
| GS-1306  | Health Physicist                        |
| GS-1320  | Chemist                                 |
| [GS-1601 | Biomedical Equipment Support Specialist |
| GS-1811  | Criminal Investigators]                 |

**Section 1c. Federal Wage System Occupations**

| <u>Series</u> | <u>Title(s)</u>            |
|---------------|----------------------------|
| WG-4805       | Medical Equipment Repairer |
| WG-5703       | Motor Vehicle Operator [*] |
| WG-5823       | Automotive Mechanic        |

**Section 1d. Key Management Positions**

a. All Senior Executive Service (SES) Employees

[b. VHA Employees appointed under 38 U.S.C. 7306

c.] The following positions are covered only if the incumbent is required to have a top secret or secret security clearance and/or has direct patient care responsibilities (e.g., Chiefs, Nursing Service are included because Registered Nurses are covered (see Section 1.a. of this Appendix)):

Non-SES Directors  
Associate Directors and Assistant Directors of all VA field facilities  
VHA Service Chiefs  
VBA Division Chiefs  
Regional Counsels  
GS-15 positions in VA Central Office

**Section 1e. Employees That Carry Firearms**

Employees who carry firearms on a daily or regular basis are subject to drug testing. An employee is not subject to drug testing if he or she is authorized to carry a firearm, but does not carry one on a daily or regular basis.

[\*This category includes drivers required to possess Commercial Driver Licenses.]



**Section 2. Presidential Appointees**

Presidential Appointees in VA are as follows (Note: in accordance with Executive Order 12564, these are drug testing designated positions):

Secretary  
Deputy Secretary  
Inspector General  
General Counsel  
Under Secretary for Health  
Under Secretary for Benefits  
Under Secretary for Memorial Affairs  
Chairman, Board of Veterans' Appeals  
Assistant Secretary for Management  
Assistant Secretary for Policy and Planning  
Assistant Secretary for Human Resources and Administration  
Assistant Secretary for Public and Intergovernmental Affairs  
Assistant Secretary for Congressional Affairs

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APPENDIX A

**Section 3. Personnel having access to national security material that is reasonable to assume may damage national interests if compromised.**

a. The following are positions that will be subject to employee drug testing because of the position designation as sensitive based on national security information. Sensitive position as enumerated herein refers to:

(1) An employee who has been granted access to national security classified information or may be granted access to national security classified information pursuant to a determination of trustworthiness by an agency head under Section 3.1 of Executive Order 12968; and,

(2) Other positions that the agency head determines involve national security.

(b) Positions identified in this section are categorized according to the job Title, Series, and Level. Levels refer to the following:

(1) **Special Sensitive**--Name, job title or series cannot be provided for these positions due to national security requirements.

(2) **Critical Sensitive**—Positions may be designated as Critical Sensitive based on access to national security information, ADP security responsibilities, fiduciary responsibilities or access to other sensitive information. Regardless of position title or series, ***only those positions which are designated as Critical Sensitive due to access to national security information are testing designated positions.*** The following list provides a sample of some positions which may be included under this section. This list is not all-inclusive.

| <b><u>Series</u></b> | <b><u>Titles</u></b>   |
|----------------------|--|
| GS-1811              | Criminal Investigator  |
| GS-086               | Security Assistant   |
| GS-080               | Security Specialist/Officer  |
| GS-301               | Confidential Assistant, Staff Assistant, Executive Assistant, Protection Officer, Emergency Preparedness Planning Specialist |
| GS-343               | Management Analyst   |
| GS-345               | Program Analyst  |
| GS-393               | Communications Specialist  |
| GS-511               | Auditor  |

**APPENDIX B. SAMPLE 30-DAY SPECIFIC NOTICE**

TO: Name of Employee

1. On September 15, 1986, President Reagan signed Executive Order 12564, Drug-Free Federal Workplace, establishing a policy against the use of illegal drugs by Federal employees, whether on or off duty. In accordance with the Executive Order, VA has established a Drug-Free workplace Program to include random testing for the use of illegal drugs by employees in sensitive positions.
2. This is to notify you that your position is sensitive as defined in Section 7(d) of the Executive order and has been designated as a testing designated position; and therefore, you will be subject to random drug testing. The testing procedures, including the collection of a urine specimen, will be conducted in accordance with Department of Health and Human Services (HHS) Guidelines for Drug Testing Programs. Random testing will begin no sooner than 30 days from the date you receive this notice.
3. You can be assured that the quality of testing procedures is tightly controlled, that the test used to confirm use of illegal drugs is highly reliable and that the test results will be handled with maximum respect for individual confidentiality, consistent with safety and security.
4. As an employee subject to random drug testing you should be aware of the following:
  - a. Counseling and rehabilitation assistance will continue to be available to all employees through existing Employee Assistance Programs (EAP) at VA facilities (include name and telephone number of local EAP counselor or some other point of contact.);
  - b. You will be given the opportunity to submit supplemental medical documentation of lawful use of an otherwise illegal drug to a Medical Review Officer;
  - c. VA will initiate action to discipline any employee who is found to use illegal drugs on the basis of a verified positive drug test except that VA will not initiate any disciplinary action against an employee who voluntarily identifies himself or herself as a user of illegal drugs prior to being notified of a scheduled drug test, obtains counseling or rehabilitation, and thereafter refrains from using illegal drugs;
  - d. Removal action will be initiated against an employee who is found to use illegal drugs and who refuses to obtain counseling or rehabilitation through an Employee Assistance Program;
  - e. You have the opportunity to voluntarily identify yourself as a user of illegal drugs willing to receive counseling or rehabilitation, in accordance with paragraph 4c of this notice, in which case disciplinary action will not be taken;
  - f. An employee found to use illegal drugs will be referred to VA Employee Assistance Programs. Such referral, however, does not preclude institution of disciplinary proceedings;
  - g. VA will initiate action to remove from service any employee who is found to use illegal drugs a second time;

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h. An employee found to use illegal drugs will not be allowed to remain on duty in a sensitive position prior to successful completion of rehabilitation through an EAP. However, as part of an EAP, the authorized VA official may, in his/her discretion, allow an employee to return to duty in a sensitive position if it is determined that this action would not pose a danger to public health or safety or national security;

i. Disciplinary action up to and including removal will be initiated against any employee who refuses to be tested;

5. You may contact (insert name, title and telephone number) for additional information regarding the VA Drug-Free Workplace Program.

6. A copy of the previously issued 60-Day General Notice required by Executive Order 12564 is attached.

\_\_\_\_\_  
Signature of Authorized Official

\_\_\_\_\_  
Date

Attachment

**APPENDIX C. SAMPLE ACKNOWLEDGMENT**

Department of Veterans Affairs (or facility name)

Acknowledgment of Notice of Employee Whose Position is Designated Sensitive for Drug Testing Purposes

I acknowledge receiving and reading the notice which states that my position has been designated for random drug testing, and that refusal to submit to testing will result in initiation of disciplinary action, up to and including removal.

\_\_\_\_\_  
Signature of Employee

\_\_\_\_\_  
Date

Type Name of Employee

**This acknowledgment may be typed on the notice or retained separately.**

## APPENDIX D. DRUG-FREE WORKPLACE PROGRAM

### GENERAL NOTICE TO ALL EMPLOYEES

1. All employees are hereby notified that a program designed to implement Executive Order 12564, Drug-Free Federal Workplace, dated September 15, 1986, has been established in the Department of Veterans Affairs (VA). Testing for illegal drugs will be part of VA's comprehensive drug prevention program to achieve the President's goal of a drug-free Federal workplace with due consideration for the rights of the employee and the government. VA's employee testing program, which will include both mandatory and voluntary drug testing, will begin no sooner than 60 days from the date of this posting.

2. Testing may occur under the following circumstances:

a. **Random Testing Of Employees In Testing Designated Positions.** Employees who hold positions identified for random testing will receive an individual notice no later than 30 days prior to the commencement of testing, indicating that their positions have been identified as testing designated positions.

b. **Reasonable Suspicion Testing.** An employee in a Testing Designated Position may be directed to undergo drug testing when there is a reasonable suspicion that the employee uses, or is impaired by, illegal drugs, whether that use or impairment is on or off duty. Employees who are not in Testing Designated Positions may be directed to undergo drug testing when there is a reasonable suspicion that the employee is using or impaired by illegal drugs while on duty.

c. **Testing In Connection With An Injury, Illness, Unsafe or Unhealthful Practice Investigation.** Any employee involved in an accident or unsafe practice will be directed to take a drug test as part of an authorized investigation into an accident or unsafe practice, when the accident or unsafe act meets the following criteria:

(1) The accident results in a death or personal injury requiring immediate hospitalization; or

(2) The accident results in damage to government or private property estimated to be in excess of \$10,000.

d. **Follow-Up Testing.** All employees who undergo a counseling or rehabilitation program for illegal drug use through the Employee Assistance Program will be subject to unannounced testing both during and after such a program.

e. **Applicant Testing.** Applicants who are tentatively selected for VA employment in a Testing Designated Position are subject to drug testing.

f. **Voluntary Testing.** Employees may volunteer for unannounced random testing by notifying their Human Resources Management Officer.

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3. The laboratory testing methodology is a series of scientific and technical procedures which are highly accurate and reliable. In addition, a Medical Review Officer will review and interpret positive test results reported by the testing laboratory. Employees will be afforded the opportunity to submit medical documentation of lawful use of an otherwise illegal drug. Positive test results verified by the Medical Review Officer may only be disclosed to the employee, the appropriate Employee Assistance Program Coordinator, the appropriate management officials necessary to process any disciplinary or adverse action against the employee, or a court of law or administrative tribunal in an adverse personnel action.

4. Counseling and rehabilitative assistance is available to all employees through existing Employee Assistance Programs (EAPs) at VA facilities. Employees found to be using illegal drugs will be referred to the EAP for assessment, and for counseling and referral to treatment or rehabilitation, as appropriate. Employees who wish to seek assistance voluntarily may do so through existing program arrangements at their facility or through the employee's servicing human resources management office.

5. All medical and rehabilitation records in an EAP will be deemed confidential "patient" records and may not be disclosed without the prior written consent of the patient.

6. Tests for employees working in drug treatment programs in accordance with MP-5, part I, chapter 792, or other programs which were authorized prior to the issuance of Executive Order 12564, dated September 15, 1986, will continue in effect and are not subject to this advance notice.

7. The VA Drug-Free Workplace Program should be consulted for specific information on the program.

[VA DRUG-FREE WORKPLACE PROGRAM

PART II. URINE DRUG TESTING: COLLECTION AND TRANSPORTATION OF URINE

SPECIMENS

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## PART II. URINE DRUG TESTING: COLLECTION AND TRANSPORTATION OF URINE SPECIMENS

**1. PURPOSE.** This part provides uniform procedures for collection of urine specimens for drug testing, transportation of specimens to the testing laboratory, and submission of blind samples for the purpose of quality control.

**2. BACKGROUND.** The Mandatory Guidelines for Federal Drug Testing, published by the Department of Health and Human Services (HHS) in the Federal Register on April 11, 1988, established comprehensive standards for laboratory procedures to be used by Federal agencies in implementing a drug testing program as required by Executive Order 12564, Drug-Free Federal Workplace, and Public Law 100-71, Supplemental Appropriations Act of 1987. This part [along with the Mandatory Guidelines for Federal Drug Testing, published by the Department of Health and Human Services (HHS) in the Federal Register on November 25, 2008] is to be used with VA Directive 5383, VA Drug-Free Workplace Program.

### 3. COLLECTION SITE PROCEDURES

#### a. Collection Sites

(1) A urine collection site will be identified for each VA facility. Although the collection location for non-medical facilities may be located on-site or at another facility, each medical facility will have a urine collection site. Identification of suitable collection site(s) at medical facilities will be the responsibility of the Chief of Pathology and Laboratory Medicine Service. At non-medical facilities, identification of suitable collection site(s) will be the responsibility of the facility Drug Program Coordinator [(DPC)], with the advice of the Chief of Pathology and Laboratory Medicine Service at the nearest VA medical facility.

(2) The collection site(s) to be used [must be able to be] secured by the collection site personnel before and during collection so that only the materials and supplies necessary for proper urine collection are at the site. The collection site will remain secure throughout the collection process. [The collection site must also provide for:

(a) Individual privacy for the individual during urination. Therefore, the urination area must be partitioned-off from the rest of the collection site. The urination area for the collection site will have only a toilet bowl or a urinal. Facilities for hand washing will be separate from the partitioned-off urination area where the toilet bowl or urinal is located.

(b) [A suitable clean surface area not accessible to the donor, for handling the specimens and completing the required paperwork.

(c) A secure temporary storage capability to maintain a specimen until it is transferred to an HHS-certified laboratory or Instrumented Initial Test Facility.

(d) Sufficient space [ ] for temporary storage of materials necessary for a secure collection and for unnecessary outer garments of the individual.

[(e) The ability to restrict access to collection supplies.]

(3) Designated collection site personnel will be in full control of the collection site as described in paragraph 3b [below].

**b. Collection Site Personnel**

(1) Collection site personnel will be designated by the Director of each VA medical facility based on the recommendation of the Chief of Pathology and Laboratory Medicine Service at that facility. At least one male and one female (and alternates for each) will be appointed based on their experience and demonstrated integrity. Certification in laboratory technology is desirable to ensure familiarity with proper specimen collection procedures. If sufficient certified laboratory technologists or technicians are not available, alternates from other disciplines, such as nursing personnel, may be appointed as long as their qualifications demonstrate experience in specimen collection. Regardless of who are appointed as collectors, these individuals must be capable of complying with strict security measures, following chain of custody procedures and maintaining confidentiality.

(2) Collection personnel will be provided and will become thoroughly familiar with the procedures of this part, the Urinalysis Collection Handbook for Federal Drug Testing Programs, published by the National Institute on Drug Abuse and VA Directive 5383. Particular attention should also be paid to the Mandatory Guidelines for Federal Drug Testing Programs. All field facilities should have copies of these documents. [Collection personnel will receive training from a qualified trainer on the following subjects:

(a) All steps necessary to complete a collection correctly and the proper completion and transmission of the Federal Chain of Custody Form (CCF);

(b) Problem collections;

(c) Fatal flaws, correctable flaws, and how to correct problems in collections; and

(d) The collector's responsibility for maintaining the integrity of the collection process, ensuring the privacy of individuals being tested, ensuring the security of the specimen, and avoiding conduct or statements that could be viewed as offensive or inappropriate.]

(3) The Chief, Pathology and Laboratory Medicine Service, will serve as the collection site supervisor, or with the approval of the facility Director, designate one of the collection site personnel to act in that capacity.

(4) Designated collection site personnel, with the guidance of the Chief of Pathology and Laboratory Medicine Service, will be in control of the collection site, collection kits, chain of custody forms and other required supplies throughout the collection process. Collection supplies should be maintained within the Pathology and Laboratory Medicine Service and protected from tampering. Proper chain of custody and security measures will be followed to fully protect the urine specimen. The collection site personnel will be responsible for shipment of the specimen(s) to a pre-designated certified testing laboratory.

[(5) Collection personnel will be provided the name and telephone number of the local DPC to contact about problems or issues that may arise during a specimen collection procedure.

(6) Observers must be knowledgeable about the direct observed collection procedure and should be the same gender as the donor (see paragraph 13b of part I.)

c. **Services to Non-Medical Facilities.** Non-medical VA facilities such as cemeteries, regional offices, data processing centers, [Office of Acquisition, Logistics, and Construction (OALC)] field components, etc., will be provided urine collection services by the nearest VA medical facility. In the event that physical distance precludes easy access to the nearest VA medical center, the medical facility Director, or designee, in consultation with the Director, or designee, of the other facility, will determine whether the individual(s) to be tested will come to the medical center or send collection site personnel to the remote facility.

(1) If collection is done at the other facility, the Chief, Pathology and Laboratory Medicine Service, will ensure that the collection site at the other facility meets the specifications described in paragraph 3a [above]. At the Outpatient Clinics in Anchorage and Honolulu, the Clinic Director will be responsible for designating collection site personnel.

(2) Medical facility Directors, or designees, will contact the Director(s) of the non-medical facilities to be served to make arrangements for the provision of collection services.

(3) The Director, Pathology and Laboratory Medicine Service, in consultation with the Office of Human Resources Management, is delegated the authority to make determinations regarding situations not covered by paragraph 3c [above] or where unique circumstances warrant modification. Such deviations will be kept to a minimum and must be authorized in writing.

d. The designated [DPC] or Human Resources Management Officer will ensure that the designated MRO (Medical Review Officer) receives a copy of this Handbook and the related material described in paragraph 2 [above].



## APPENDIX A. COLLECTION SITE SUPPLIES

**1. BLUEING MATERIAL.** In order to avoid staining the toilet bowl or urinal, it is recommended that the blueing material be a chemical made for use in such fixtures.

Suggested product: Blue VANISH (Liquid)

Vendor: Drackett Company

5020 Spring Grove Avenue

Cincinnati, OH 45232

Telephone: (513) 632-1500

## 2. COLLECTION KIT

a. Bottle A: Pre-sealed 100 milliliter (mL) plastic urine specimen bottle with affixed Temperature Monitoring Thermometer.

b. Bottle B: Pre-sealed 100 mL plastic urine specimen bottle.

c. Gray foam insert to secure urine specimen bottles.

d. Specimen Bag; 8" X 8" leak proof Ziploc bag containing one liquid absorbing sheet.

e. Mailing box with kit integrity seal.

f. Urine Specimen Collection Cup (Wide Mouth Collection Cup - for females), 105 mL Urine Specimen Collection Cup--pre-sealed in integrity pouches.

g. Federal Drug Administration (FDA) Insert, printed on Blue stock with Black Ink. Information is included as a requirement of the FDA.

h. Kit will have a pre-printed mailing label affixed to the box and addressed to the testing laboratory.

i. Two serrated red strips to cover bottles.

## 3. ORAL THERMOMETER. PREFERABLY DIGITAL WITH DISPOSABLE TIPS.

## 4. CHAIN OF CUSTODY FORMS

a. OMB Form No. 9999-0023 (form approved for Government-wide use).

b. Replenishment available from the VA Service and Distribution Center (Stock Number F06088).

## 5. MISCELLANEOUS ITEMS

a. Disposable drinking glasses.

- b. Writing implements, e.g., pens, pencils, etc.
- c. Folder to retain laboratory copies of chain of custody forms.

**APPENDIX B. SPECIMEN COLLECTION – TRANSPORTATION TO THE TESTING LABORATORY**

**COLLECTION OF SPECIMENS.** [Urine is the only specimen that may be collected under the workplace drug testing program.] The following set of procedures will be under the direct control of the collection site personnel.

1. The collector shall ensure that necessary supplies are available in sufficient quantity to complete scheduled collections. All unnecessary material at the site shall be removed and, thereafter, the collector shall have the site under direct observation.
2. The urination area shall be partitioned off, if necessary (existing bathroom stall with door is acceptable).
3. A bluing material shall be placed in the water of the toilet bowl or urinal and any accessible toilet tank for the purpose of preventing dilution of the sample with toilet water.
4. The individual shall arrive at the collection site on time, as designated by the Drug Program Coordinator (DPC). If the individual fails to appear at the pre-designated time, the DPC will be notified by the collection site supervisor. Specific local instructions should be provided on who to contact when an individual fails to report. In such instances, the collector will note on the list of individuals scheduled for collections supplied by the DPC or Human Resources Management Officer, next to the name of the person who failed to report, the date and the notation, "Failed to appear."
5. The collector must verify the identity of the individual to be tested. When an individual arrives at the collection site, the collector shall request the individual to present photo identification. If the individual does not have proper photo identification, the collector will contact the DPC or any other appropriate official, in accordance with locally established policy, who can positively identify the individual. If the individual's identity cannot be established, the collector shall not proceed with the collection.
6. The individual shall be asked to remove unnecessary outer garments (coat, hat, gloves, etc.) and handbags that might conceal items or substances that could be used to tamper with the individual's urine specimen. The collector shall ensure that all personal belongings such as a purse or briefcase remain with the outer garments. The individual may retain his or her wallet.
7. [The collector must ask the individual to empty his or her pockets and display the items to ensure that no items are present that could be used to adulterate or substitute the specimen. If nothing is present that can be used to adulterate or substitute a specimen, the individual may place the items back into the pockets and the collection procedure may continue. If an item is found that appears to have been brought to the collection site with the intent to adulterate or substitute the specimen, a direct observed collection procedure will be used (see paragraph 13b of Part I). If the item appears to have been inadvertently brought to the collection site, the collector must secure the item and continue with the normal collection procedure. If the individual refuses to show the collector the items in his or her pockets, this is considered a "refusal to test." The collector must stop the collection and report the refusal to test to the Chief, Human Resources Management Service or appropriate management official.]



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[8.] Once positive identification has occurred, the collector opens the collection kit and removes the contents in the individual's presence (hereafter, referred to as "donor"). Then the collector completes the following information on the chain of custody form [(CCF)]. (Note: split specimen [collection] procedures will be followed as described in this appendix. Collection site personnel shall prepare two specimen bottles for collection (hereafter referred to as Bottle A [(primary)] and Bottle B [(split]):

- a. Enter the facility name, address and station number of the donor.
- b. Enter the name of the MRO (Medical Review Officer) and the facility address where the MRO is employed.
- c. Enter the donor's social security number or an alternative to include [the employee's] last name and the [ ] last four [digits of the employee's] social security number if the employee refuses to provide his or her Social Security Number.
- d. Place an "X" in the appropriate box (e.g., "Pre-employment, Random, etc.").
- e. Place an "X" next to "THC, Cocaine, PCP, Opiates, and Amphetamines."

[9.] The [CCFs] are sequentially numbered. They must be used in numerical order and be strictly accounted for.

[10.] The donor shall be instructed to wash and dry hands prior to urination. After washing hands, the donor shall remain in the presence of the collector and shall not have access to any water fountain, faucet, soap dispenser, cleaning agent or any other materials which could be used to adulterate the specimen.

[11.] The pre-sealed urine specimen Bottle A shall be given to the donor by the collector. The donor and the collector will inspect the specimen bottle in the presence of each other. If the collector notices that tampering or alteration of the sealed bottle has occurred, a new collection kit will be obtained.

[12.] Unless the collector is instructed otherwise, or as specified in paragraph 22, when there is a reason to believe the donor may alter or substitute the specimen to be provided, the donor may provide the specimen in the privacy of a stall or otherwise partitioned area that allows for individual privacy. The Chief, Pathology and Laboratory Medicine Service, shall review and concur in advance with any decision by a collector to obtain a specimen under the direct observation of a same gender individual based on a reason to believe that the donor may alter or substitute the specimen provided. The reason for collection under observation will be noted in Step 5 of the chain of custody form under the section for remarks. The remarks must be initialed by the Chief, Pathology and Laboratory Medicine Service, indicating concurrence.

[13.] The seal under the cap of the specimen Bottle A will be removed by male donors who will be asked to urinate directly into the specimen bottle. Females will be given the wide mouth container for specimen collection. A specimen of at least 45 mL (approximately 2/3 of full specimen container) will be provided by both the male and female donor. The donor will be instructed not to flush the toilet.

[14.] The collector will remain at the collection site but outside of the stall (or partition) until the urine specimen is collected by the donor and the specimen container is handed to the collector. The donor will hand the specimen container to the collector immediately after voiding. [The collector may set a reasonable time limit for voiding.]

[15.] After the collector has possession of the specimen, the donor will be instructed to flush the toilet and to participate with the collector in completing the [CCF]. Both the individual being tested and the collector shall keep the specimen in view at all times prior to its being sealed and labeled.

[16.] The collector shall determine that at least 45 mL of urine is obtained from the donor. If at least 45 mL is collected, skip paragraphs [17] and [18], and proceed with paragraph [19].

[17.] If the volume collected is less than [45] mL, the action taken will depend on the temperature of the specimen.

a. If the temperature is within the acceptable range specified in paragraph 19, the specimen shall be discarded and a second specimen collected. The donor may be given a reasonable amount of water to drink ([one 8 ounce glass of water every 30 minutes, not to exceed a maximum of 40 ounces over a period of 3 hours]), and then again attempt to provide a complete sample using a fresh collection container. The collector may use the same [CCF] for the second specimen. The donor must remain within the area of the collection site during this time. The collector should note in Step 5 of the [CCF] that the original specimen was discarded due to insufficient volume. [ ] If the donor fails for any reason to provide at least [45] mL of urine on the second attempt, after drinking at most [40] ounces of [water], the insufficient specimen shall be discarded, testing shall be discontinued and the Chief, Human Resources Management Service or appropriate management official shall be advised.

b. [When the collector reports that the donor did not provide a sufficient amount of urine, the MRO consults with the Chief, Human Resources Management Service or appropriate management official . The Chief, Human Resources Management Service or appropriate management official immediately directs the donor to obtain, within five days, an evaluation from a licensed physician, acceptable to the MRO, who has expertise in the medical issues raised by the donor's failure to provide a specimen. (The MRO may perform this evaluation if the MRO has appropriate expertise.)

c.] If the temperature is outside the acceptable range specified in paragraph 19, another specimen shall be collected under direct observation of a person of the same gender and both specimens shall be forwarded to the laboratory for testing. The donor may be given a reasonable amount of water to drink [(one 8 ounce glass of water every 30 minutes, not to exceed a maximum of 40 ounces over a period of 3 hours)], to provide the second specimen. The collector must use a separate [CCF] for both specimens. Each specimen shall be inspected in accordance with paragraph 21. The temperature of both specimens shall be measured in accordance with paragraph 19. If on the second attempt, the donor provides at least 30 mL but less than 45 mL, the donor forfeits the use of the split specimen procedure. If the donor fails for any reason to provide at least [45] mL of urine on the second attempt, after drinking at most [40] ounces of [water], the insufficient specimen shall be sent to the laboratory with the original specimen, and the Chief, Human Resources Management Service or appropriate management official, shall be advised.

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***Note:*** *Under no circumstances is the collector permitted to collect and add or combine urine from two separate voids*

18. After the specimen has been provided and submitted to the collector, the donor shall be allowed to wash hands.

19. Within 4 minutes after urination, the collector will measure the temperature of the urine using the thermometer on collection Bottle A. The temperature is then recorded in Step 2 of the [CCF by placing] an "X" in the appropriate block to indicate whether the temperature was within the acceptable range. If it was not, place an "X" in the "NO" block and record the actual temperature of the specimen. If the temperature is outside the range of 32 - 38° C/ 90 - 100° F, that is a reason to believe that the donor may have altered or substituted the specimen, and another specimen shall be collected under direct observation of a same gender collector or same gender individual and both specimens shall be forwarded separately to the laboratory for testing.

20. A donor may volunteer to have an oral temperature taken to provide evidence to counter the reason to believe the donor may have altered or substituted the specimen caused by the specimen's temperature falling outside the prescribed range. If an oral temperature is taken, it should be recorded on the [CCF] under Step 5 "Remarks."

21. Immediately after the specimen is collected, the collector shall also inspect the specimen to determine its color and look for any signs of contaminants. Any unusual findings shall be noted under Step 5 "Remarks" of the [CCF]. If it is apparent on visual inspection that the donor has adulterated the specimen (e.g., blue dye or other contaminants in the urine), the collector shall collect another specimen under direct observation in accordance with subparagraph [22] below.

22. Whenever there is a reason to believe that a particular individual has altered or substituted the specimen provided, a second specimen shall be obtained as soon as possible under the direct observation of the same gender collector or individual selected by the Chief, Pathology and Laboratory Medicine Service, and will be recorded on a separate [CCF]. Both the original specimen and the second observed specimen will be forwarded to the laboratory for testing. All specimens suspected of being adulterated shall be forwarded to the laboratory for testing.

23. After determining the specimen temperature, the collector, in the presence of the donor, shall retain 30 mL in Bottle A (or pour 30 mL into Bottle A for females) for the primary specimen and pour at least 15 mL into Bottle B for the split specimen.

24. The collector shall ensure that the specimen bottle caps are securely screwed on.

25. Note: the collection kit contains two red serrated strips that should be placed over the Bottle tops prior to affixing the peel off labels from the form. The red strips should seal the bottles under the peel off labels from the form. The red strips provide an added protection for the donor. The collector shall place the gummed labels from the form securely across the top and down the sides of specimen Bottle A and Bottle B (directly over the red strips) in view of the donor. The collector shall date each label and instruct the donor to initial each label. [If the donor refuses to initial the labels/seals, the collector notes the refusal on the Federal CCF and continues with the collection process.]

26. The collector shall instruct the donor to complete Copy 4 ("Medical Review Officer" copy) Step 4 of the [CCF]. The donor shall indicate a daytime and evening phone number, date of birth and after reading the certification statement that the specimen identified as having been collected from the donor is in fact that specimen the donor provided, print his/her name with middle initial, sign, and date the form. [If the donor refuses to sign the certification statement, the collector notes the refusal on the Federal CCF and continues with the collection process.]

27. The collector shall complete Step 5 of the [CCF], inserting the field facility name, address, collector's phone number, and indicate "yes" for split specimen collection. The collector (after noting any remarks regarding collection, if necessary) must print his/her name, sign and record the date and time of collection.

28. The collector shall complete Step 6 of the [CCF]. The collector will print and sign name and indicate the date the specimen was received and record any transfers of the specimen.

29. The collector shall advise the donor of the opportunity to list any prescription and/or over-the-counter medications he or she may have recently taken on the back of the donor copy (Copy 5) of the [CCF], but not on any other copy. This information will help the donor remember what medications he or she may have taken if a positive result is reported by the laboratory.

30. Both bottles shall be shipped in a single shipping container, together with Copies 1, 2, and 3 of the [CCF].

## COLLECTION CONTROL

1. While any part of the chain of custody procedures is being performed, it is essential that the urine specimen (Bottles A and B) and chain of custody documents be under the control of the collector. If the collector leaves the work station momentarily, the specimen and custody form shall be taken with the collector or shall be secured in a locker or locked refrigerator with access limited to collection site personnel only. After the collector returns to the work station, the custody process will continue. If the collector is leaving for an extended period of time, the specimen shall be packaged for mailing before the collector leaves the site.

2. To the maximum extent possible, collection site personnel shall keep the donor's specimen bottles within sight both before and after the specimen has been collected. After the specimen is collected, it shall be properly sealed and labeled. The approved [CCF] is used to identify those individuals who come in contact with the sealed specimen bottles. The date and purpose shall be documented on this form, Step 6, each time a specimen is handled or transferred and every individual in the chain shall be identified. Every effort shall be made to minimize the number of persons handling specimens.

## TRANSPORTATION TO AND FROM THE DESIGNATED DRUG TEST LABORATORY

1. **Packaging.** Only the VA-approved specimen collection kits which include the collection bottles and shipping boxes will be used (see Appendix A to this part). Steps 1 through 6 below will be completed in the donor's presence.

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- a. The sealed specimen bottles will be placed in the leak proof specimen bag provided and placed in the gray foam insert in the bottom of the shipping box.
- b. Peel the Shipping Container Seal off the side of the [CCF] and set aside. Note: the collection kit contains a separate Kit Shipping Seal. The Kit Shipping Seal should be removed from the box and set aside with the Shipping Container Seal.
- c. Then, separate Copy 1, "ORIGINAL," Copy 2, "2nd ORIGINAL" and Copy 3, "SPLIT SPECIMEN," of the [CCF]. Fold and place all three copies inside the leak proof specimen bag with the urine bottles. Note: if overnight delivery is required, e.g., DHL, express mail, etc., complete appropriate mailing label (self-addressed to the MRO) and place the return label in the box.
- d. Close the top of the box. Affix the Kit Shipping Seal in the designated area. Then affix the Shipping Container Seal from the form directly over the Kit Shipping Seal. This provides an added protection for the donor. Note: the same person who last signed the [CCF] (Step 6) must seal the box.
- e. The box will have a pre-printed mailing label affixed and addressed to the screening laboratory.
- f. On the Shipping Container Seal now sealing the shipping box containing the specimen, the collection site supervisor shall initial in the area designated "Collector's Initials" and enter the date the specimen was sealed in the container for shipment.
- g. Once the box has been sealed in the donor's presence, give the donor Copy 5 and release the individual as instructed by the DPC or Human Resources Management Officer. The donor must remain until the specimen is sealed in the shipping container.
- h. Copy 4 of the [CCF] is to be hand carried to the Medical Review Officer within 2 work days so the MRO may verify that all results have been received from the designated testing laboratory (see Appendix D to this part for a sample memorandum).
- i. Copy 6 is to be retained by the collector in a secured file.
- j. Copy 7 is to be forwarded to the DPC with the original schedule of donors and kept in a secured file. For pre-employment testing, Copy 7 will be sent to the Human Resources Management Officer.

2. **Delivery.** The sealed box containing the specimen, Copies 1, 2 and 3 of the [CCF] and the special mailing label if overnight delivery is required, will be delivered to the designated drug testing laboratory by carrying the packaged specimen(s) to the mail room. Packages being sent via regular mail may be directly deposited into an official U.S. mail bag. Overnight deliveries must be given to the mailroom supervisor or designee for special handling. It is not necessary to use registered mail or return receipt mail when mailing specimens.

*Note: The same person who sealed the box must place the specimen in the official U.S. mail bag or give it to the mailroom supervisor if overnight mailing is required. Specimens will be mailed from the*

*collector's facility mail room only. If shipment by overnight courier is desired, remember to complete appropriate mailing label (self-addressed to the MRO) and place the return label in the box.*

3. **Expedited Delivery to and from Testing Laboratory.** The screening laboratory will return the testing results by overnight delivery, but will do so only if a self-addressed label is included with each specimen. Failure to include the appropriate label will result in return shipment by regular mail.

## RECORDS

The Pathology and Laboratory Medicine Service that collects the specimens is only required to maintain Copy 6 of the chain of custody form. Copy 6 should be stored in a secured file with access only by collection site personnel, the Chief of Pathology and Laboratory Medicine Service, MRO (Medical Review Official), [DPC], and facility Director. Note: the Chief, Pathology and Laboratory Medicine Service is responsible for ensuring that all [CCFs] are accounted for. [CCFs] have been sequentially numbered and must be used in that order. If, for any reason a form is voided, it should not be destroyed. Rather, write "VOIDED" across the form (see Appendix E to this part). The Pathology and Laboratory Medicine Service should forward Copy 4 of the "VOIDED" chain of custody form to the MRO and retain all other copies in a secured file to ensure full accountability of all forms.

## REPORTS OF DRUG TEST RESULTS

All results shall be reviewed by the MRO. The results will be reported directly to the MRO within an average of 5 working days after receipt of the urine sample by the designated testing laboratory (unless overnight delivery has been arranged). The MRO may also receive a preliminary copy of the results via fax if he or she has completed a form required by the testing laboratory (Minneapolis) indicating he or she has a secured fax line. The official results will be sent via overnight mail or regular mail. The laboratory that collected the specimens will not receive test results. Reports to the MRO will be in printed form only. Telephone reports are not permitted. A copy of the original [CCF] certified by the laboratory certifying official, will also be sent to the MRO. No positive results received will be reported to VA administrative officials unless verified positive by the MRO.

## INFORMATION REGARDING TEST RESULTS FOR SPLIT SPECIMENS

1. If the test of Bottle A is verified positive by the MRO, the MRO shall report the result to the Chief, Human Resources Management Service or appropriate management official. The MRO shall then inform the donor of his or her right, in writing, to have Bottle B (split specimen) tested at another laboratory certified by the Department of Health and Human Services (HHS) for the presence of the drug(s) for which a positive result was obtained in the test of Bottle A. The employee [has the opportunity to request through the MRO that the split (Bottle B) specimen be tested at a different (i.e., second) HHS-certified laboratory when the primary (Bottle A) specimen was determined by the MRO to be positive, adulterated, or substituted. A donor has 72 hours to initiate the request after being informed of the result by the MRO. The MRO must document in his or her records the verbal request from the donor to have the split (Bottle B) specimen tested]. Only the donor may make such a request. The MRO shall honor such a request if it is made within 72 hours of the donor[ ] having received notice that he or she tested positive. If such a request is made, the MRO will contact the VAMC Minneapolis laboratory, in writing, and request Bottle B, identified by specimen identification number, be sent to the

**PART II**

**APPENDIX B**

HHS-certified laboratory the donor has selected. The result of this test (Bottle B) shall be transmitted to the MRO without regard to the cutoff levels used to test Bottle A.

2. Any action taken as a result of an MRO-verified positive drug test, e.g., removal from performing safety-sensitive duties, may proceed whether or not Bottle B is tested.

3. [If the second laboratory fails to reconfirm the presence of the drug or drug metabolite that was reported by the first laboratory, the second laboratory must conduct specimen validity tests in an attempt to determine the reason for being unable to reconfirm the presence of the drug or drug metabolite. The second laboratory should conduct the same specimen validity tests that would be conducted on a primary (Bottle A) specimen and report those results to the MRO.]

Department of Veterans Affairs FEDERAL DRUG TESTING CUSTODY AND CONTROL FORM



Forensic Toxicology Drug Testing Laboratory



49914

Minneapolis VAMC Forensic Toxicology Lab 1 Veterans Drive Minneapolis, MN 55417

SPECIMEN ID NO. VA 49914

LABORATORY ACCESSION NO. VA

STEP 1: COMPLETED BY COLLECTOR OR EMPLOYER REPRESENTATIVE

|  |  |   |  |
|--|--|---|--|
| A. Employer Name, Address, I.D. No.<br><b>VA MEDICAL CENTER (100)<br/>200 SPRING STREET<br/>BEDFORD, MA 07130</b>  |  | B. MRO Name, Address, Phone and Fax No.<br><b>JOHN JONES M.D. (MRO)<br/>VA MEDICAL CENTER<br/>200 SPRING STREET<br/>BEDFORD, MA 07130</b> |  |
| C. Donor SSN or Employee I.D. No. <b>123-45-6789</b>   |  |   |  |
| D. Reason for Test: <input type="checkbox"/> Pre-employment <input checked="" type="checkbox"/> Random <input type="checkbox"/> Reasonable Suspicion/Cause <input type="checkbox"/> Post Accident<br><input type="checkbox"/> Return to Duty <input type="checkbox"/> Follow-up <input type="checkbox"/> Other (specify) _____ |  |   |  |
| E. Drug Tests to be Performed: <input checked="" type="checkbox"/> THC, COC, PCP, OPI, AMP <input type="checkbox"/> THC & COC Only <input type="checkbox"/> Other (specify) _____  |  |   |  |
| F. Collection Site Address: _____  |  |   |  |
|  |  | Collector Phone No. <b>202-555-1111</b>   |  |
|  |  | Collector Fax No. <b>202-555-1112</b>   |  |

STEP 2: COMPLETED BY COLLECTOR

|  |   |
|--|---|
| Read specimen temperature within 4 minutes. Is temperature between 90° and 100° F? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No, Enter Remark _____ | Specimen Collection: <input checked="" type="checkbox"/> Split <input type="checkbox"/> Single <input type="checkbox"/> None Provided (Enter Remark) _____ <input type="checkbox"/> Observed (Enter Remark) _____ |
| REMARKS _____  |   |

STEP 3: Collector affixes bottle seal(s) to bottle(s). Collector dates seal(s). Donor initials seal(s). Donor completes STEP 5 on Copy 2 (MRO Copy)

STEP 4: CHAIN OF CUSTODY - INITIATED BY COLLECTOR AND COMPLETED BY LABORATORY

I certify that the specimen given to me by the donor identified in the certification section on Copy 2 of this form was collected, labeled, sealed and released to the Delivery Service noted in accordance with applicable Federal requirements.

|  |   |  |
|--|---|--|
| Signature of Collector<br><b>MARY J. SMITH</b><br>(PRINT) Collector's Name (First, MI, Last)     | Time of Collection<br><b>10:00 AM</b><br>Date (Mo./Day/Yr.)<br><b>6/26/04</b> | SPECIMEN BOTTLE(S) RELEASED TO:<br><b>FEDERAL EXPRESS OR MAILROOM</b><br>Name of Delivery Service Transferring Specimen to Lab       |
| Signature of Accessioner<br><b>JOHN D. SMITH</b><br>(PRINT) Accessioner's Name (First, MI, Last) | Date (Mo./Day/Yr.)<br><b>6/28/04</b>  | Primary Specimen Bottle Seal Intact<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No, Enter Remark Below _____ |

STEP 5a: PRIMARY SPECIMEN TEST RESULTS - COMPLETED BY PRIMARY LABORATORY

|  |   |  |   |   |
|--|---|--|---|---|
| <input type="checkbox"/> NEGATIVE <input type="checkbox"/> DILUTE <input type="checkbox"/> REJECTED FOR TESTING  | <input type="checkbox"/> POSITIVE for: <input type="checkbox"/> MARIJUANA METABOLITE <input type="checkbox"/> COCAINE METABOLITE <input type="checkbox"/> PCP | <input type="checkbox"/> CODEINE <input type="checkbox"/> MORPHINE <input type="checkbox"/> 6-ACETYLMORPHINE | <input type="checkbox"/> AMPHETAMINE <input type="checkbox"/> METHAMPHETAMINE | <input type="checkbox"/> ADULTERATED <input type="checkbox"/> SUBSTITUTED <input type="checkbox"/> INVALID RESULT |
| REMARKS _____  |   |  |   |   |
| TEST LAB (if different from above) _____   |   |  |   |   |
| I certify that the specimen identified on this form was examined upon receipt, handled using chain of custody procedures, analyzed, and reported in accordance with applicable Federal requirements. |   |  |   |   |
| Signature of Certifying Scientist  |   | (PRINT) Certifying Scientist's Name (First, MI, Last)  |   | Date (Mo./Day/Yr.)  |

STEP 5b: SPLIT SPECIMEN TEST RESULTS - (IF TESTED) COMPLETED BY SECONDARY LABORATORY

|                                   |                    |  |
|-----------------------------------|--------------------|--|
| Laboratory Name                   | Laboratory Address | <input type="checkbox"/> RECONFIRMED <input type="checkbox"/> FAILED TO RECONFIRM - REASON _____   |
|                                   |                    | I certify that the split specimen identified on this form was examined upon receipt, handled using chain of custody procedures, analyzed, and reported in accordance with applicable Federal requirements. |
| Signature of Certifying Scientist |                    | (PRINT) Certifying Scientist's Name (First, MI, Last)  |
|                                   |                    | Date (Mo./Day/Yr.)   |

PEEL

|  |                                   |                  |                |  |  |
|--|-----------------------------------|------------------|----------------|--|--|
|  | <b>VA49914</b><br>SPECIMEN ID NO. | <b>A</b>         | PLACE OVER CAP | <b>VA49914</b><br>SPECIMEN BOTTLE SEAL | Date (Mo. Day Yr.)<br>____/____/____<br>Donor's Initials<br>____ |
|  | <b>VA49914</b><br>SPECIMEN ID NO. | <b>B (SPLIT)</b> | PLACE OVER CAP | <b>VA49914</b><br>SPECIMEN BOTTLE SEAL | Date (Mo. Day Yr.)<br>____/____/____<br>Donor's Initials<br>____ |



VA HANDBOOK 5383  
PART II  
APPENDIX C

DECEMBER 23, 2004



FEDERAL DRUG TESTING CUSTODY AND CONTROL FUHM

Minneapolis VAMC  
Forensic Toxicology Lab  
1 Veterans Drive  
Minneapolis, MN 55417



49914

LABORATORY ACCESSION NO. VA

SPECIMEN ID NO. VA 49914

STEP 1: COMPLETED BY COLLECTOR OR EMPLOYER REPRESENTATIVE

|  |  |  |  |
|--|--|--|--|
| <p>A. Employer Name, Address, I.D. No.<br/>VA MEDICAL CENTER (100)<br/>200 SPRING STREET<br/>BEDFORD, MA 07130</p>   |  | <p>B. MRO Name, Address, Phone and Fax No.<br/>JOHN JONES M.D. (MRO)<br/>VA MEDICAL CENTER<br/>200 SPRING STREET<br/>BEDFORD, MA 07130</p> |  |
| <p>C. Donor SSN or Employee I.D. No. <u>123-45-6789</u></p>  |  |  |  |
| <p>D. Reason for Test: <input type="checkbox"/> Pre-employment <input checked="" type="checkbox"/> Random <input type="checkbox"/> Reasonable Suspicion/Cause <input type="checkbox"/> Post Accident<br/><input type="checkbox"/> Return to Duty <input type="checkbox"/> Follow-up <input type="checkbox"/> Other (specify) _____</p> |  |  |  |
| <p>E. Drug Tests to be Performed: <input checked="" type="checkbox"/> THC, COC, PCP, OPI, AMP <input type="checkbox"/> THC &amp; COC Only <input type="checkbox"/> Other (specify) _____</p>   |  |  |  |
| <p>F. Collection Site Address:</p>   |  | <p>Collector Phone No. <u>203-555-1111</u><br/>Collector Fax No. <u>203-555-1112</u></p>   |  |

STEP 2: COMPLETED BY COLLECTOR

|   |  |
|---|--|
| <p>Read specimen temperature within 4 minutes. Is temperature between 90° and 100° F? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No, Enter Remark _____</p> | <p>Specimen Collection:<br/><input checked="" type="checkbox"/> Split <input type="checkbox"/> Single <input type="checkbox"/> None Provided (Enter Remark) _____ <input type="checkbox"/> Observed (Enter Remark) _____</p> |
|---|--|

REMARKS

STEP 3: Collector affixes bottle seal(s) to bottle(s). Collector dates seal(s). Donor initials seal(s). Donor completes STEP 5 on Copy 2 (MRO Copy)

STEP 4: CHAIN OF CUSTODY - INITIATED BY COLLECTOR AND COMPLETED BY LABORATORY

|  |  |  |  |
|--|--|--|--|
| <p>I certify that the specimen given to me by the donor identified in the certification section on Copy 2 of this form was collected, labeled, sealed and released to the Delivery Service noted in accordance with applicable Federal requirements.</p> |  | <p>SPECIMEN BOTTLE(S) RELEASED TO:<br/><u>FEDERAL EXPRESS OR MAILROOM</u><br/><small>Name of Delivery Service Transporting Specimen to Lab</small></p> |  |
| <p><u>MARY J. SMITH</u><br/><small>(PRINT) Collector's Name (First, M, Last)</small></p>   | <p><u>10:00 AM</u><br/><small>Time of Collection</small><br/><u>6/26/04</u><br/><small>Date (Mo./Day/Yr)</small></p> | <p>Primary Specimen Bottle Seal Intact<br/><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No, Enter Remark Below _____</p>           |  |
| <p><u>JOHN D. SMITH</u><br/><small>(PRINT) Collector's Name (First, M, Last)</small></p>   | <p><u>6/28/04</u><br/><small>Date (Mo./Day/Yr)</small></p>   | <p>SPECIMEN BOTTLE(S) RELEASED TO:</p>   |  |

STEP 5: COMPLETED BY DONOR

I certify that I provided my urine specimen to the collector; that I have not adulterated it in any manner; each specimen bottle used was sealed with a tamper-evident seal to my knowledge; and that the information provided on this form and on the label affixed to each specimen bottle is correct.

|  |  |
|--|--|
| <p><u>JAMES P. JOHNSON</u><br/><small>(PRINT) Donor's Name (First, MI, Last)</small></p> | <p><u>6/26/04</u><br/><small>Date (Mo./Day/Yr)</small></p>         |
| <p>Daytime Phone No. <u>203-555-3332</u> Evening Phone No. <u>203-555-3333</u></p>       | <p>Date of Birth <u>8/16/62</u><br/><small>Mo. Day Yr.</small></p> |

Should the results of the laboratory tests for the specimen identified by this form be confirmed positive, the Medical Review Officer will contact you to ask about prescriptions and over-the-counter medications you may have taken. Therefore, you may want to make a list of those medications for your own records. THIS LIST IS NOT NECESSARY. If you choose to make a list, do so either on a separate piece of paper or on the back of your copy (Copy 5). — DO NOT PROVIDE THIS INFORMATION ON THE BACK OF ANY OTHER COPY OF THE FORM. TAKE COPY 5 WITH YOU.

STEP 6: COMPLETED BY MEDICAL REVIEW OFFICER - PRIMARY SPECIMEN

In accordance with applicable Federal requirements, my determination/verification is:

NEGATIVE  POSITIVE  TEST CANCELLED  REFUSAL TO TEST BECAUSE:  
 DILUTE  ADULTERATED  SUBSTITUTED

REMARKS \_\_\_\_\_

X \_\_\_\_\_  
(PRINT) Medical Review Officer's Name (First, MI, Last) 1/1  
Date (Mo./Day/Yr)

STEP 7: COMPLETED BY MEDICAL REVIEW OFFICER - SPLIT SPECIMEN

In accordance with applicable Federal requirements, my determination/verification for the split specimen (if tested) is:

RECONFIRMED  FAILED TO RECONFIRM - REASON \_\_\_\_\_

X \_\_\_\_\_  
(PRINT) Medical Review Officer's Name (First, MI, Last) 1/1  
Date (Mo./Day/Yr)

COPY 2 - MEDICAL REVIEW OFFICER COPY

DEPARTMENT OF VETERANS AFFAIRS FEDERAL DRUG TESTING CUSTODY AND CONTROL FORM



Forensic  
Toxicology  
Drug  
Testing  
Laboratory



49914

SPECIMEN ID NO. VA 49914

LABORATORY ACCESSION NO. VA

Minneapolis VAMC  
Forensic Toxicology Lab  
1 Veterans Drive  
Minneapolis, MN 55417

STEP 1: COMPLETED BY COLLECTOR OR EMPLOYER REPRESENTATIVE

|  |  |   |  |
|--|--|---|--|
| A. Employer Name, Address, I.D. No.<br>VA MEDICAL CENTER (100)<br>200 SPRING STREET<br>BEDFORD, MA 07130   |  | B. MRO Name, Address, Phone and Fax No.<br>JOHN JONES M.D. (MRO)<br>VA MEDICAL CENTER<br>200 SPRING STREET<br>BEDFORD, MA 07130 |  |
| C. Donor SSN or Employee I.D. No. <u>123-45-6789</u>   |  |   |  |
| D. Reason for Test: <input type="checkbox"/> Pre-employment <input checked="" type="checkbox"/> Random <input type="checkbox"/> Reasonable Suspicion/Cause <input type="checkbox"/> Post Accident<br><input type="checkbox"/> Return to Duty <input type="checkbox"/> Follow-up <input type="checkbox"/> Other (specify) _____ |  |   |  |
| E. Drug Tests to be Performed: <input checked="" type="checkbox"/> THC, COC, PCP, OPL, AMP <input type="checkbox"/> THC & COC Only <input type="checkbox"/> Other (specify) _____  |  |   |  |
| F. Collection Site Address: _____  |  |   |  |
|  |  | Collector Phone No. <u>202-555-1111</u>   |  |
|  |  | Collector Fax No. <u>202-555-1112</u>   |  |

STEP 2: COMPLETED BY COLLECTOR

|  |  |  |
|--|--|--|
| Read specimen temperature within 4 minutes. Is temperature between 90° and 100° F? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No, Enter Remark _____ | Specimen Collection: <input checked="" type="checkbox"/> Split <input type="checkbox"/> Single <input type="checkbox"/> None Provided (Enter Remark) _____ | <input type="checkbox"/> Observed (Enter Remark) _____ |
| REMARKS _____  |  |  |

STEP 3: Collector affixes bottle seal(s) to bottle(s). Collector dates seal(s). Donor initials seal(s). Donor completes STEP 5 on Copy 2 (MRO Copy)

STEP 4: CHAIN OF CUSTODY - INITIATED BY COLLECTOR AND COMPLETED BY LABORATORY

I certify that the specimen given to me by the donor identified in the certification section on Copy 2 of this form was collected, labeled, sealed and released to the Delivery Service noted in accordance with applicable Federal requirements.

|   |   |   |
|---|---|---|
| <input checked="" type="checkbox"/> <u>Mary J. Smith</u><br>Signature of Collector<br>MARY J. SMITH<br>(PRINT) Collector's Name (First, MI, Last)     | <u>10:00 AM</u><br>Time of Collection<br><u>6/26/04</u><br>Date (Mo./Day/Yr.) | SPECIMEN BOTTLE(S) RELEASED TO:<br><u>FEDERAL EXPRESS OR MAILROOM</u><br>Name of Delivery Service Transferring Specimen to Lab    |
| <input checked="" type="checkbox"/> <u>John D. Smith</u><br>Signature of Accessioner<br>JOHN D. SMITH<br>(PRINT) Accessioner's Name (First, MI, Last) | <u>6/28/04</u><br>Date (Mo./Day/Yr.)  | Primary Specimen Bottle Seal Intact<br><input checked="" type="checkbox"/> Yes<br><input type="checkbox"/> No, Enter Remark Below |

STEP 5: COMPLETED BY DONOR

I certify that I provided my urine specimen to the collector; that I have not adulterated it in any manner; each specimen bottle used was sealed with a tamper-evident seal in my presence, and that the information provided on this form and on the label affixed to each specimen bottle is correct.

James P. Johnson  
Signature of Donor  
JAMES P. JOHNSON  
(PRINT) Donor's Name (First, MI, Last)

Daytime Phone No. 202-555-2222 Evening Phone No. 202-555-3333 Date of Birth 8/16/62  
Mo. Day Yr.

Should the results of the laboratory tests for the specimen identified by this form be confirmed positive, the Medical Review Officer will contact you to ask about prescriptions and over-the-counter medications you may have taken. Therefore, you may want to make a list of those medications for your own records. THIS LIST IS NOT NECESSARY. If you choose to make a list, do so either on a separate piece of paper or on the back of your copy (Copy 5). — DO NOT PROVIDE THIS INFORMATION ON THE BACK OF ANY OTHER COPY OF THE FORM. TAKE COPY 5 WITH YOU.

STEP 6: COMPLETED BY MEDICAL REVIEW OFFICER - PRIMARY SPECIMEN

In accordance with applicable Federal requirements, my determination/verification is:

NEGATIVE  POSITIVE  TEST CANCELLED  REFUSAL TO TEST BECAUSE:  
 DILUTE  ADULTERATED  SUBSTITUTED

REMARKS \_\_\_\_\_

\_\_\_\_\_  
Signature of Medical Review Officer (PRINT) Medical Review Officer's Name (First, MI, Last) Date (Mo./Day/Yr.) 1/1

STEP 7: COMPLETED BY MEDICAL REVIEW OFFICER - SPLIT SPECIMEN

In accordance with applicable Federal requirements, my determination/verification for the split specimen (if tested) is:

RECONFIRMED  FAILED TO RECONFIRM - REASON \_\_\_\_\_

\_\_\_\_\_  
Signature of Medical Review Officer (PRINT) Medical Review Officer's Name (First, MI, Last) Date (Mo./Day/Yr.) 1/1

COPY 3 - COLLECTOR COPY

Department of Veterans Affairs



Forensic  
Toxicology  
Drug  
Testing  
Laboratory

FEDERAL DRUG TESTING CUSTODY AND CONTROL FORM



49914

SPECIMEN ID NO. VA 49914

LABORATORY ACCESSION NO. VA

Minneapolis VAMC  
Forensic Toxicology Lab  
1 Veterans Drive  
Minneapolis, MN 55417

STEP 1: COMPLETED BY COLLECTOR OR EMPLOYER REPRESENTATIVE

|  |  |   |  |
|--|--|---|--|
| A. Employer Name, Address, I.D. No.<br>VA MEDICAL CENTER (100)<br>200 SPRING STREET<br>BEDFORD, MA 07130   |  | B. MRO Name, Address, Phone and Fax No.<br>JOHN JONES M.D. (MRO)<br>VA MEDICAL CENTER<br>200 SPRING STREET<br>BEDFORD, MA 07130 |  |
| C. Donor SSN or Employee I.D. No. <u>123-45-6789</u>   |  |   |  |
| D. Reason for Test: <input type="checkbox"/> Pre-employment <input checked="" type="checkbox"/> Random <input type="checkbox"/> Reasonable Suspicion/Cause <input type="checkbox"/> Post Accident<br><input type="checkbox"/> Return to Duty <input type="checkbox"/> Follow-up <input type="checkbox"/> Other (specify) _____ |  |   |  |
| E. Drug Tests to be Performed: <input checked="" type="checkbox"/> THC, COC, PCP, OPI, AMP <input type="checkbox"/> THC & COC Only <input type="checkbox"/> Other (specify) _____  |  |   |  |
| F. Collection Site Address: _____  |  |   |  |
|  |  | Collector Phone No. <u>202-555-1111</u>   |  |
|  |  | Collector Fax No. <u>202-555-1112</u>   |  |

STEP 2: COMPLETED BY COLLECTOR

|  |   |
|--|---|
| Read specimen temperature within 4 minutes. Is temperature between 90° and 100° F? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No, Enter Remark _____ | Specimen Collection: <input checked="" type="checkbox"/> Split <input type="checkbox"/> Single <input type="checkbox"/> None Provided (Enter Remark) _____ <input type="checkbox"/> Observed (Enter Remark) _____ |
| REMARKS _____  |   |

STEP 3: Collector affixes bottle seal(s) to bottle(s). Collector dates seal(s). Donor initials seal(s). Donor completes STEP 5 on Copy 2 (MRO Copy)

STEP 4: CHAIN OF CUSTODY - INITIATED BY COLLECTOR AND COMPLETED BY LABORATORY

|   |   |   |                                       |
|---|---|---|---------------------------------------|
| I certify that the specimen given to me by the donor identified in the certification section on Copy 2 of this form was collected, labeled, sealed and released to the Delivery Service noted in accordance with applicable Federal requirements. |   | SPECIMEN BOTTLE(S) RELEASED TO:   |                                       |
| <input checked="" type="checkbox"/> <u>Mary J. Smith</u><br>Signature of Collector<br>MARY J. SMITH<br>(PRINT) Collector's Name (First, MI, Last)   | <u>10:00</u> AM<br>Time of Collection<br><u>6/26/04</u><br>Date (Mo./Day/Yr.) | <u>FEDERAL EXPRESS OR MAILROOM</u><br>Name of Delivery Service Transporting Specimen to Lab   |                                       |
| RECEIVED AT LAB:<br><input checked="" type="checkbox"/> <u>John D. Smith</u><br>Signature of Accessioner<br>JOHN D. SMITH<br>(PRINT) Accessioner's Name (First, MI, Last)   | <u>6/28/04</u><br>Date (Mo./Day/Yr.)  | Primary Specimen Bottle Seal Intact<br><input checked="" type="checkbox"/> Yes<br><input type="checkbox"/> No, Enter Remark Below _____ | SPECIMEN BOTTLE(S) RELEASED TO: _____ |

STEP 5: COMPLETED BY DONOR

I certify that I provided my urine specimen to the collector; that I have not adulterated it in any manner; each specimen bottle used was sealed with a tamper-evident seal in my presence, and that the information provided on this form and on the label affixed to each specimen bottle is correct.

|   |                                      |
|---|--------------------------------------|
| <input checked="" type="checkbox"/> <u>James P. Johnson</u><br>Signature of Donor<br>JAMES P. JOHNSON<br>(PRINT) Donor's Name (First, MI, Last) | <u>6/26/04</u><br>Date (Mo./Day/Yr.) |
| Daytime Phone No. <u>(202) 555-2222</u> Evening Phone No. <u>(202) 555-3333</u> Date of Birth <u>8/16/62</u><br>Mo. Day Yr.                     |                                      |

Should the results of the laboratory tests for the specimen identified by this form be confirmed positive, the Medical Review Officer will contact you to ask about prescriptions and over-the-counter medications you may have taken. Therefore, you may want to make a list of those medications for your own records. THIS LIST IS NOT NECESSARY. If you choose to make a list, do so either on a separate piece of paper or on the back of your copy (Copy 5). — DO NOT PROVIDE THIS INFORMATION ON THE BACK OF ANY OTHER COPY OF THE FORM. TAKE COPY 5 WITH YOU.

STEP 6: COMPLETED BY MEDICAL REVIEW OFFICER - PRIMARY SPECIMEN

In accordance with applicable Federal requirements, my determination/verification is:

NEGATIVE  POSITIVE  TEST CANCELLED  REFUSAL TO TEST BECAUSE:  
 DILUTE  ADULTERATED  SUBSTITUTED

REMARKS \_\_\_\_\_

\_\_\_\_\_  
Signature of Medical Review Officer (PRINT) Medical Review Officer's Name (First, MI, Last) Date (Mo./Day/Yr.) 1/1

STEP 7: COMPLETED BY MEDICAL REVIEW OFFICER - SPLIT SPECIMEN

In accordance with applicable Federal requirements, my determination/verification for the split specimen (if tested) is:

RECONFIRMED  FAILED TO RECONFIRM - REASON \_\_\_\_\_

\_\_\_\_\_  
Signature of Medical Review Officer (PRINT) Medical Review Officer's Name (First, MI, Last) Date (Mo./Day/Yr.) 1/1

COPY 4 - EMPLOYER COPY



Forensic  
Toxicology  
Drug  
Testing  
Laboratory

SPECIMEN ID NO. VA 49914



-801-

LABORATORY ACCESSION NO. VA

Minneapolis VAMC  
Forensic Toxicology Lab  
1 Veterans Drive  
Minneapolis, MN 55417

STEP 1: COMPLETED BY COLLECTOR OR EMPLOYER REPRESENTATIVE

|  |  |   |  |
|--|--|---|--|
| A. Employer Name, Address, I.D. No.<br>VA MEDICAL CENTER (100)<br>200 SPRING STREET<br>BEDFORD, MA 07130   |  | B. MRO Name, Address, Phone and Fax No.<br>JOHN JONES M.D. (MRO)<br>VA MEDICAL CENTER<br>200 SPRING STREET<br>BEDFORD, MA 07130 |  |
| C. Donor SSN or Employee I.D. No. <u>123-45-6789</u>   |  |   |  |
| D. Reason for Test: <input type="checkbox"/> Pre-employment <input checked="" type="checkbox"/> Random <input type="checkbox"/> Reasonable Suspicion/Cause <input type="checkbox"/> Post Accident<br><input type="checkbox"/> Return to Duty <input type="checkbox"/> Follow-up <input type="checkbox"/> Other (specify) _____ |  |   |  |
| E. Drug Tests to be Performed: <input checked="" type="checkbox"/> THC, COC, PCR, OPI, AMP <input type="checkbox"/> THC & COC Only <input type="checkbox"/> Other (specify) _____  |  |   |  |
| F. Collection Site Address: _____  |  |   |  |
|  |  | Collector Phone No. <u>202-555-1111</u>   |  |
|  |  | Collector Fax No. <u>202-555-1112</u>   |  |

STEP 2: COMPLETED BY COLLECTOR

|  |   |
|--|---|
| Read specimen temperature within 4 minutes. Is temperature between 90° and 100° F? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No, Enter Remark _____ | Specimen Collection: <input checked="" type="checkbox"/> Split <input type="checkbox"/> Single <input type="checkbox"/> None Provided (Enter Remark) _____ <input type="checkbox"/> Observed (Enter Remark) _____ |
| REMARKS _____  |   |

STEP 3: Collector affixes bottle seal(s) to bottle(s). Collector dates seal(s). Donor initials seal(s). Donor completes STEP 5 on Copy 2 (MRO Copy)

STEP 4: CHAIN OF CUSTODY - INITIATED BY COLLECTOR AND COMPLETED BY LABORATORY

I certify that the specimen given to me by the donor identified in the certification section on Copy 2 of this form was collected, labeled, sealed and released to the Delivery Service noted in accordance with applicable Federal requirements.

|   |   |  |
|---|---|--|
| <input checked="" type="checkbox"/> <u>Mary J. Smith</u><br>Signature of Collector<br>MARY J. SMITH<br>(PRINT) Collector's Name (First, MI, Last)     | <u>10:00</u> AM<br>Time of Collection<br><u>6/26/04</u><br>Date (Mo./Day/Yr.) | SPECIMEN BOTTLE(S) RELEASED TO:<br><u>FEDERAL EXPRESS OR MAILROOM</u><br>Name of Delivery Service Transporting Specimen to Lab |
| <input checked="" type="checkbox"/> <u>John D. Smith</u><br>Signature of Accessioner<br>JOHN D. SMITH<br>(PRINT) Accessioner's Name (First, MI, Last) | <u>6/26/04</u><br>Date (Mo./Day/Yr.)  | Primary Specimen Bottle Seal Intact<br><input type="checkbox"/> Yes <input type="checkbox"/> No, Enter Remark Below            |

STEP 5: COMPLETED BY DONOR

I certify that I provided my urine specimen to the collector; that I have not adulterated it in any manner; each specimen bottle used was sealed with a tamper-evident seal in my presence, and that the information provided on this form and on the label affixed to each specimen bottle is correct.

|   |   |
|---|---|
| <input checked="" type="checkbox"/> <u>Glenn P. Johnson</u><br>Signature of Donor<br>GLENN P. JOHNSON<br>(PRINT) Donor's Name (First, MI, Last) | <u>6/26/04</u><br>Date (Mo./Day/Yr.)    |
| Daytime Phone No. <u>(202) 555-3332</u>   | Evening Phone No. <u>(202) 555-3332</u> |
| Date of Birth <u>2/16/62</u><br>Mo. Day Yr.   |   |

Should the results of the laboratory tests for the specimen identified by this form be confirmed positive, the Medical Review Officer will contact you to ask about prescriptions and over-the-counter medications you may have taken. Therefore, you may want to make a list of those medications for your own records. THIS LIST IS NOT NECESSARY. If you choose to make a list, do so either on a separate piece of paper or on the back of your copy (Copy 5). — DO NOT PROVIDE THIS INFORMATION ON THE BACK OF ANY OTHER COPY OF THE FORM. TAKE COPY 5 WITH YOU.

STEP 6: COMPLETED BY MEDICAL REVIEW OFFICER - PRIMARY SPECIMEN

In accordance with applicable Federal requirements, my determination/verification is:

NEGATIVE  POSITIVE  TEST CANCELLED  REFUSAL TO TEST BECAUSE:  
 DILUTE  ADULTERATED  SUBSTITUTED

REMARKS \_\_\_\_\_

\_\_\_\_\_  
Signature of Medical Review Officer (PRINT) Medical Review Officer's Name (First, MI, Last) Date (Mo./Day/Yr.)

STEP 7: COMPLETED BY MEDICAL REVIEW OFFICER - SPLIT SPECIMEN

In accordance with applicable Federal requirements, my determination/verification for the split specimen (if tested) is:

RECONFIRMED  FAILED TO RECONFIRM - REASON \_\_\_\_\_

\_\_\_\_\_  
Signature of Medical Review Officer (PRINT) Medical Review Officer's Name (First, MI, Last) Date (Mo./Day/Yr.)

COPY 5 - DONOR COPY



**APPENDIX D. SAMPLE MEMORANDUM FROM CHIEF, PATHOLOGY AND  
LABORATORY MEDICINE SERVICE TO MRO**

VA MEMORANDUM

FROM: Chief, Pathology and Laboratory Medicine Service

SUBJ: Copies of Chain of Custody Forms For Specimens  
Submitted for Testing on June 26, 1996

TO: Medical Review Officer

1. The attached copies of the chain of custody forms are for your use in verifying receipt of all drug test results from the designated testing laboratory.
2. These forms should be maintained in sequential order in a secure file under your control; no copies will be made. Since all forms must be accounted for, you may receive copies of forms which have been "voided." Please retain these forms. Forms have also been provided for any blind samples submitted on the above date.
3. The following chain of custody form(s), identified by Specimen Identification Number(s) is/are attached:

123456 \*  
123457 (VOIDED)  
123458 (Blind PT Sample)

M. T. Beaker, M.D.

\*List attachments in sequential order by specimen ID number which appears at the top of each chain of custody form. If a form has been voided, after the specimen ID number note "VOIDED." (A sample VOIDED chain of custody form is provided in Appendix E to this Handbook.) If the form was used to transmit a blind performance test sample, note it as such after the specimen ID number. A copy of this transmittal should be retained in the laboratory with the laboratory copies of the same forms.

Note: this memorandum and the related MRO copies of the chain of custody forms should be placed in a sealed envelope and hand carried to the Medical Review Officer within 2 workdays after the collection.





Minneapolis VAMC  
Forensic Toxicology Lab  
1 Veterans Drive  
Minneapolis, MN 55417

SPECIMEN ID NO. VA 49915

LABORATORY ACCESSION NO. VA

STEP 1: COMPLETED BY COLLECTOR OR EMPLOYER REPRESENTATIVE

A. Employer Name, Address, I.D. No. VA MEDICAL CENTER (100)  
200 SPRING STREET  
BEDFORD, MA 07130

B. MRO Name, Address, Phone and Fax No.  
JOHN JONES, M.D. (MRO)  
VA MEDICAL CENTER  
200 SPRING STREET  
BEDFORD, MA 07130

C. Donor SSN or Employee I.D. No. 123-45-6789

D. Reason for Test:  Pre-employment  Random  Return to Duty  Follow-up  Reasonable Suspicion/Cause  Post Accident  Other (specify) \_\_\_\_\_

E. Drug Tests to be Performed:  THC, COC, PCP, OPI, AMP  THC & COC Only  Other (specify) \_\_\_\_\_

F. Collection Site Address: \_\_\_\_\_

Collector Phone No. 202-555-1111

Collector Fax No. 202-555-1112

STEP 2: COMPLETED BY COLLECTOR

Read specimen temperature within 4 minutes. Is temperature between 90° and 100° F?  Yes  No, Enter Remark \_\_\_\_\_

Specimen Collection:  Split  Single  None Provided (Enter Remark) \_\_\_\_\_  Observed (Enter Remark) \_\_\_\_\_

REMARKS \_\_\_\_\_

STEP 3: Collector affixes bottle seal(s) to bottle(s). Collector dates seal(s). Donor initials seal(s). Donor completes STEP 5 on Copy 2 (MRO Copy)

STEP 4: CHAIN OF CUSTODY - INITIATED BY COLLECTOR AND COMPLETED BY LABORATORY

I certify that the specimen given to me by the donor identified in the certification section on Copy 2 of this form was collected, labeled, sealed and released to the Delivery Service noted in accordance with applicable Federal requirements.

Signature of Collector: Mary J. Smith Date of Collection: 6/26/04 AM/PM

SPECIMEN BOTTLE(S) RELEASED TO: FEDERAL EXPRESS OR MAILROOM

(PRINT) Collector's Name (First, MI, Last) \_\_\_\_\_ Date (Mo./Day/Yr.) \_\_\_\_\_ Name of Delivery Service Transferring Specimen to Lab \_\_\_\_\_

RECEIVED AT LAB:  John D. Smith Signature of Acceptor Date: 6/28/04

(PRINT) Acceptor's Name (First, MI, Last) \_\_\_\_\_ Date (Mo./Day/Yr.) \_\_\_\_\_

Primary Specimen Bottle Seal Intact:  Yes  No, Enter Remark Below \_\_\_\_\_

SPECIMEN BOTTLE(S) RELEASED TO: \_\_\_\_\_

STEP 5a: PRIMARY SPECIMEN TEST RESULTS - COMPLETED BY PRIMARY LABORATORY

NEGATIVE  POSITIVE for:  MARIJUANA METABOLITE  CODEINE  AMPHETAMINE  ADULTERATED  DILUTE  COCAINE METABOLITE  MORPHINE  METHAMPHETAMINE  SUBSTITUTED  REJECTED FOR TESTING  PCP  6S-ACETYLMORPHINE  INVALID RESULT

REMARKS \_\_\_\_\_

TEST LAB (if different from above) \_\_\_\_\_

I certify that the specimen identified on this form was examined upon receipt, handled using chain of custody procedures, analyzed, and reported in accordance with applicable Federal requirements.

Signature of Certifying Scientist \_\_\_\_\_ (PRINT) Certifying Scientist's Name (First, MI, Last) \_\_\_\_\_ Date (Mo./Day/Yr.) \_\_\_\_\_

STEP 5b: SPLIT SPECIMEN TEST RESULTS - (IF TESTED) COMPLETED BY SECONDARY LABORATORY

RECONFIRMED  FAILED TO RECONFIRM - REASON \_\_\_\_\_

I certify that the split specimen identified on this form was examined upon receipt, handled using chain of custody procedures, analyzed, and reported in accordance with applicable Federal requirements.

Signature of Certifying Scientist \_\_\_\_\_ (PRINT) Certifying Scientist's Name (First, MI, Last) \_\_\_\_\_ Date (Mo./Day/Yr.) \_\_\_\_\_

PEEL

VA49915 A  
SPECIMEN ID NO.

PLACE OVER CAP

VA49915  
SPECIMEN BOTTLE SEAL

Date (Mo. Day Yr.) \_\_\_\_\_  
Donor's Initials \_\_\_\_\_

PEEL

VA49915 B (SPLIT)  
SPECIMEN ID NO.

PLACE OVER CAP

VA49915  
SPECIMEN BOTTLE SEAL

Date (Mo. Day Yr.) \_\_\_\_\_  
Donor's Initials \_\_\_\_\_

COPY 1 - LABORATORY COPY





**APPENDIX F. VA BLIND PERFORMANCE TEST PROCEDURES – SUBMISSION  
INSTRUCTIONS FOR VA URINE COLLECTION SITES**

In addition to collecting and transporting urine specimens of donors, collection site personnel will be responsible for submitting blind PT (performance test) samples to the designated drug testing laboratory. This requirement is in accordance with the Mandatory Guidelines for Federal Workplace Drug Testing Programs published by the Department of Health and Human Services.

The blind PT samples will be purchased from ElSohly Laboratories, Inc. The distribution of the samples may be limited to selected VA sites; therefore, it is important that collection site personnel who receive a shipment of blind PT samples adhere to the submission instructions in this appendix.

When submitted to the drug testing laboratory, the blind PT sample bottles, labels, and packaging must be identical to actual urine specimens collected from individuals. The credibility of the VA's drug detection program depends on absolute control and processing accuracy for blind PT samples. Compliance with the submission instructions is mandatory.

*Note: ElSohly uses the terminology QC ("quality control") and "performance test" when referring to samples obtained from ElSohly. Since the Mandatory Guidelines for Federal Workplace Drug Testing Programs have designated the procedures as the blind performance test procedures, all VA references to the blind performance test samples and procedures will be consistent with the Mandatory Guidelines. For clarity reasons, the term "sample" will be used in VA submission instructions when referring to an ElSohly blind performance test sample; and the term "specimen" will be used when referring to donors' actual urine specimens.*

**1. LABORATORY COLLECTION SITE INSTRUCTIONS**

a. **Reviewing the Blind PT Sample Shipment.** The ElSohly shipment of blind PT samples must be checked immediately upon receipt. An ElSohly Control Log will be enclosed for each set of samples. Note: separate control logs will be enclosed for positive and negative samples. An example of the ElSohly Control Log is provided in Appendix G [to this part]. Fictitious names and Social Security numbers will be provided by ElSohly and will appear on their control log. Note: disregard the names on the control log. Do not insert a name on the chain of custody form on Copy 4, Step 4. Insert the "ElSohly SSN #" on Copy 4, Step 4 in the space provided for the donor's printed name. Write "BLIND PT SAMPLE" in the space provided for the donor's signature. See sample in Appendix H [to this part].

b. **Split Specimen Samples.** The collector must follow the same procedures for preparing a split specimen sample as if it were an actual donor providing the specimen (i.e., use two collection bottles—Bottles A and B, pour at least 30 mL of urine into Bottle A and at least 15 mL of urine into Bottle B).

(1) Collection site personnel will compare the Social Security number on each ElSohly bottle with each Social Security number on the ElSohly Control Log. The numbers must match.

(2) Refrigerate the PT samples upon arrival and until they are submitted to the designated

**PART II  
APPENDIX F**

drug testing laboratory. If refrigeration is not possible, the samples must be stored in a cool place until submitted to the drug testing laboratory. In those instances, the ElSohly Control Logs shall be annotated that the samples were not refrigerated.

(3) All positive PT samples must be used within the time period designated on the ElSohly Sample Logs. Positive samples will be so labeled and must be sent out to the testing laboratory before their expiration date due to possible deterioration.

**c. Packaging ElSohly Blind PT Samples.** ElSohly PT samples must not be packaged until immediately prior to mailing the samples to the designated testing laboratory. VA specimen collection kits will be used to package blind performance test samples. When the samples are ready for packaging, it is important that each ElSohly blind PT sample is in bottles identical in size, color, and shape as the bottles in the VA Urine Specimen Collection Kit. This will ensure that the testing laboratory cannot identify the sample as a blind PT sample.

(1) After the ElSohly sample is received, the collector will use a VA collection kit to prepare the blind sample. The collector will pour at least 30 mL of urine into Bottle A and at least 15 mL into Bottle B. After the bottles have been distributed the correct amount of urine, the following steps will be taken. (Collection site personnel will package only one sample at a time.)

(a) Complete the chain of custody form for the blind PT sample:

1. Step 1 - Insert the employer name, address, I.D. number, MRO name and address, donor Social Security number (SSN # provided by ElSohly), reason for the test (select "Pre-employment") and tests to be performed (select "THC, Cocaine, PCP, Opiates and Amphetamines").

2. Step 2 - Select "yes" for correct temperature range.

3. Step 3 - See paragraph 8.

4. Step 4 - See paragraph 7. Complete donor information.

5. Step 5 - Insert collection facility name, address, phone, print collector's name. The collector signs, dates and records time of test. Do not list any remarks concerning urine. Answer "yes" to split specimen box.

6. Step 6 - The collector prints and signs name for receiving specimen, and ensures any additional persons sign for release and/or receipt of specimens.

7. On copy 4, Step 4, insert the ElSohly Social Security number in the space provided for the donor's printed name. Insert "BLIND PT SAMPLE" in the space provided for the donor's signature. (See the sample in Appendix H [to this part].)

8. Note: the collection kit contains two red serrated strips that should be placed over the bottle tops prior to affixing the peel off labels from the form. The red strips should seal the bottles under the peel off labels. Place the peel off labels from the side of the chain of custody form (Copy 1) securely across the

top and down the sides of specimen Bottles A and B (over the red strips). Do not initial labels at this time. The collection site supervisor will initial labels as described in paragraph 10.

9. Enter the Specimen Identification No. from the chain of custody form under the space provided for ACCESS# on the ElSohly Control Log.

10. The collection site supervisor will verify that the chain of custody form, the ElSohly Control Log, and that the bottle labels have been completed in accordance with these instructions. It is important to verify the Specimen Identification Number and the fictitious Social Security number from both the ElSohly bottle and the ElSohly Control Log. Following the review, the supervisor will initial in the space marked "Donor Initials" and date both bottle labels. Note: the date on bottle labels must match with the date on of custody form in the space provided for the donor's certification signature. Ensure Copies 1, 2, and 3 of the chain of custody form do not reveal that it is a blind sample.

d. **Packaging Samples.** The blind PT samples and chain of custody forms are now ready to be packaged and sent to the designated drug testing laboratory. [A blind sample is submitted using the same Federal CCF as used for a donor specimen. The collector provides the required information to ensure that the Federal CCF has been properly completed as well as providing fictitious initials on the specimen label/seal. The collector must indicate that the specimen is a blind sample on the MRO copy where a donor would normally provide a signature. The samples will be packaged in the same manner as actual donors' specimens.] Packaging instructions are contained in Appendix B to this part

e. **Submitting Samples to the Testing Laboratory.** The blind PT samples will be sent to the designated testing laboratory and mixed with shipments of bottles of regularly collected urine specimens. If urine specimens are not collected during the time period designated on the ElSohly Control Log, submit the PT samples on the Friday of that designated testing week. Submit all PT samples and annotate on the ElSohly Control Log that no urine specimens were collected for drug testing during that designated submission time period. Check all packages to ensure that they are identical to packages containing actual donors' urine specimens, if applicable.

(1) Note by the ACCESS# on the ElSohly Control Log the date each sample was shipped from the facility to the designated drug testing laboratory.

(2) After the last blind PT sample in each set is submitted, complete and return a copy of the ElSohly Control Log(s) to ElSohly using the mailing label enclosed with the blind PT samples. The collection site supervisor will sign the completed form. A copy of the completed ElSohly Control Log will be retained by the collection laboratory.

f. **Forwarding Forms to Medical Review Officer.** Collection site personnel will advise the Medical Review Officer when blind PT samples are submitted to the designated testing laboratory. The facility Chief of Pathology and Laboratory Medicine Service will provide the Medical Review Officer with Copy 4 of the chain of custody form for each blind PT sample, just as would be provided for each specimen sent to the designated testing laboratory and a copy of the ElSohly Control Log(s) (see the sample memorandum in Appendix D [to this part]). Next to the Specimen Identification Number on the memorandum, the laboratory will note "Blind PT Sample." Note: collection site personnel will forward an ElSohly mailing label, if available, to the MRO for the MRO's use in submitting test results to ElSohly.

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**APPENDIX F**

**2. RECORDS**

Copy 7 of the chain of custody form will be forwarded to the Drug Program Coordinator. Copy 6 of the form will be retained by the collecting laboratory with the donor copy (Copy 5). Copies of completed ElSohly Control Log(s) will be kept with the laboratory copies of the chain of custody forms.

**3. MEDICAL REVIEW OFFICER BLIND PT INSTRUCTIONS**

When the VAMC Minneapolis laboratory provides the test results on any ElSohly samples, the MRO must forward a copy of the ElSohly Control Log(s) indicating the results to:

ElSohly Laboratories, Inc.  
5 Industrial Park Drive  
Oxford, MS 38644

**EXAMPLE OF QUALITY CONTROL SAMPLE LOG**  
**(Negative QC Samples)**

CERTIFICATE OF ANALYSIS

This is to certify that the lot numbers below have been certified by immunoassay and gas chromatography/mass spectrometry to contain the concentration of drugs specified.

\_\_\_\_\_  
Mahmoud A. ElSohly, Ph.D., Laboratory Director

QC SPECIMEN CONTROL LOG Client: ELI

BATCH# NAME SSN Number DRUG ng/mL ACCESS# LABORATORY RESULTS

-----  
N-1114 DOROTHY W. POLK 422-81-4879 NEG 0

-----  
N-1114 MARTHA N. BURKE 422-85-5604 NEG 0

-----  
N-1114 EUNICE O. PHARIS 423-90-0263 NEG 0

-----  
N-1114 WALT G. JOINER 424-68-3007 NEG 0  
-----

\_\_\_\_\_  
Collection Site Supervisor Date

Signature

NOTIFICATION TO MEDICAL REVIEW OFFICER (MRO):

I certify that the above results were received from the testing laboratory and are acceptable.

\_\_\_\_\_  
Signature of MRO

---

Date

**AFTER RESULTS ARE CERTIFIED, PLEASE RETURN FORM TO:**

ElSohly Laboratories, Incorporated

5 Industrial Park Drive

Oxford, MS 38655

DATE QC SAMPLES EXPIRE: 07/01/96

---

Shipment Prepared By Reviewed By

Date Released By Received By Purpose of Change

-----  
06/01/96 FEDERAL EXPRESS Shipping  
-----

**EXAMPLE OF QUALITY CONTROL SAMPLE LOG**  
**(Positive QC Samples)**

CERTIFICATE OF ANALYSIS

This is to certify that the lot numbers below have been certified by immunoassay and gas chromatography/mass spectrometry to contain the concentration of drugs specified.

\_\_\_\_\_  
Mahmoud A. ElSohly, Ph.D., Laboratory Director

QC SPECIMEN CONTROL LOG Client: ELI

BATCH# NAME SSN Number DRUG ng/ml ACCESS# LABORATORY RESULTS

-----  
C-1086 AL J. WAITE 448-51-5364 COC 692

-----  
C-1086 FRANKIE N. PEARCE 456-72-3297 COC 692  
-----

\_\_\_\_\_  
Collection Site Supervisor Date

Signature

**NOTIFICATION TO MEDICAL REVIEW OFFICER (MRO):**

I certify that the above results were received from the testing laboratory and are acceptable.

\_\_\_\_\_  
Signature of MRO

\_\_\_\_\_  
Date



**VA HANDBOOK 5383  
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APPENDIX G**

**DECEMBER 23, 2004**

AFTER RESULTS ARE CERTIFIED, PLEASE RETURN FORM TO:

ElSohly Laboratories, Incorporated

5 Industrial Park Drive

Oxford, MS 38655

DATE QC SAMPLES EXPIRE: 07/01/96

---

Shipment Prepared By Reviewed By

Date Released By Received By Purpose of Change

-----  
06/01/96 FEDERAL EXPRESS Shipping  
-----

PART II  
APPENDIX H



Forensic Toxicology Lab  
1 Veterans Drive  
Minneapolis, MN 55417

SPECIMEN ID NO. VA 49915

LABORATORY ACCESSION NO. VA

STEP 1: COMPLETED BY COLLECTOR OR EMPLOYER REPRESENTATIVE

|  |  |   |                                       |
|--|--|---|---------------------------------------|
| A. Employer Name, Address, I.D. No.<br>VA MEDICAL CENTER (100)<br>200 SPRING STREET<br>BEDFORD MA 07130  |  | B. MRO Name, Address, Phone and Fax No.<br>JOHN JONES, M.D. (M12U)<br>VA MEDICAL CENTER<br>200 SPRING STREET<br>BEDFORD, MA 07130 |                                       |
| C. Donor SSN or Employee I.D. No. <u>123-45-6789</u>   |  |   |                                       |
| D. Reason for Test: <input type="checkbox"/> Pre-employment <input checked="" type="checkbox"/> Random <input type="checkbox"/> Reasonable Suspicion/Cause <input type="checkbox"/> Post Accident<br><input type="checkbox"/> Return to Duty <input type="checkbox"/> Follow-up <input type="checkbox"/> Other (specify) _____ |  |   |                                       |
| E. Drug Tests to be Performed: <input checked="" type="checkbox"/> THC, COC, PCR, OPI, AMP <input type="checkbox"/> THC & COC Only <input type="checkbox"/> Other (specify) _____  |  |   |                                       |
| F. Collection Site Address:  |  | Collector Phone No. <u>202-555-1111</u>   | Collector Fax No. <u>202-555-1112</u> |

STEP 2: COMPLETED BY COLLECTOR

|  |   |
|--|---|
| Read specimen temperature within 4 minutes. Is temperature between 90° and 100° F? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No, Enter Remark | Specimen Collection: <input checked="" type="checkbox"/> Split <input type="checkbox"/> Single <input type="checkbox"/> None Provided (Enter Remark) <input type="checkbox"/> Observed (Enter Remark) |
| REMARKS  |   |

STEP 3: Collector affixes bottle seal(s) to bottle(s). Collector dates seal(s). Donor initials seal(s). Donor completes STEP 5 on Copy 2 (MRO Copy)

STEP 4: CHAIN OF CUSTODY - INITIATED BY COLLECTOR AND COMPLETED BY LABORATORY

I certify that the specimen given to me by the donor identified in the certification section on Copy 2 of this form was collected, labeled, sealed and released to the Delivery Service noted in accordance with applicable Federal requirements.

|   |  |          |  |
|---|--|----------|--|
| Signature of Collector<br><u>MARY J. SMITH</u><br>(PRINT) Collector's Name (First, M, Last) | Time of Collection<br><u>6/26/04</u><br>Date (Mo./Day/Yr.) | AM<br>PM | SPECIMEN BOTTLE(S) RELEASED TO:<br><u>FEDERAL EXPRESS (E MAIL ROOM)</u><br>Name of Delivery Service Transferring Specimen to Lab                               |
| Signature of Accessor<br><u>JOHN D. SMITH</u><br>(PRINT) Accessor's Name (First, M, Last)   | Date (Mo./Day/Yr.)<br><u>6/28/04</u>                       |          | SPECIMEN BOTTLE(S) RELEASED TO:<br>Primary Specimen Bottle Seal Intact <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No, Enter Remark Below |

STEP 5: COMPLETED BY DONOR

I certify that I provided my urine specimen to the collector; that I have not adulterated it in any manner; each specimen bottle used was sealed with a tamper-evident seal in my presence; and that the information provided on this form and on the label affixed to each specimen bottle is correct.

X 422-81-4879 BLIND PT SAMPLE 6/26/04  
Signature of Donor (PRINT) Donor's Name (First, M, Last) Date (Mo./Day/Yr.)

Daytime Phone No. ( ) Evening Phone No. ( ) Date of Birth / /  
Mo. Day Yr.

Should the results of the laboratory tests for the specimen identified by this form be confirmed positive, the Medical Review Officer will contact you to ask about prescriptions and over-the-counter medications you may have taken. Therefore, you may want to make a list of those medications for your own records. THIS LIST IS NOT NECESSARY. If you choose to make a list, do so either on a separate piece of paper or on the back of your copy (Copy 5). — DO NOT PROVIDE THIS INFORMATION ON THE BACK OF ANY OTHER COPY OF THE FORM. TAKE COPY 5 WITH YOU.

STEP 6: COMPLETED BY MEDICAL REVIEW OFFICER - PRIMARY SPECIMEN

In accordance with applicable Federal requirements, my determination/verification is:

NEGATIVE  POSITIVE  TEST CANCELLED  REFUSAL TO TEST BECAUSE:  
 DILUTE  ADULTERATED  SUBSTITUTED

REMARKS

X \_\_\_\_\_ (PRINT) Medical Review Officer's Name (First, M, Last) \_\_\_\_\_ Date (Mo./Day/Yr.)

STEP 7: COMPLETED BY MEDICAL REVIEW OFFICER - SPLIT SPECIMEN

In accordance with applicable Federal requirements, my determination/verification for the split specimen (if tested) is:

RECONFIRMED  FAILED TO RECONFIRM - REASON: \_\_\_\_\_

X \_\_\_\_\_ (PRINT) Medical Review Officer's Name (First, M, Last) \_\_\_\_\_ Date (Mo./Day/Yr.)

COPY 4 - EMPLOYER COPY

OMB No. 0510-0189