

# DRUG TESTING COLLECTION FORM

**Expiration Date:**  
MM/DD/YY

<b>SCHOOL IDENTIFICATION</b>  (ATTACH LABEL HERE)  School Name: _____ School Address: _____ _____
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Name of person completing this form: \_\_\_\_\_ Date of original test: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Month Day Year

Phone of person completing this form: \_\_\_\_\_ Was any confirmatory testing needed?  Yes  No

(\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Date confirmatory testing occurred: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Month Day Year

Email of person completing this form: \_\_\_\_\_

**INSTRUCTIONS:** Please complete one form on **each original test day** that drug-testing is conducted for this school. Answer each of the following questions for this testing date. Please record a number on each line. If none, please write "0"

1. On this testing date, how many students: *Check that the numbers of students in lines b + c + d + e add up to the number of students recorded in line a.*

_____	_____	_____	_____	_____
a. Were <i>scheduled to be tested</i> ?	b. Were <i>actually tested</i> ?	c. Refused to be tested?	d. Were absent or not available?	e. Not tested for other reasons (e.g., could not produce specimen)?

2. On this testing date, how many of the students **actually tested** were: *Check that the numbers of males + females tested add up to the number of tested students recorded in question 1b above.*

_____	_____
Male	Female

3. On this testing date, how many of the students **actually tested** were from each of the following grades: *Check that the numbers of students in each grade add up to the number of tested students recorded in question 1b above.*

_____	_____	_____	_____
Grade 9	Grade 10	Grade 11	Grade 12

4. On this testing date, how many of the students **actually tested** were eligible for testing due to participation in the following activities? *Check that the numbers of students in the three activity types add up to the number of tested students recorded in question 1b above.*

_____	_____	_____
Sports	Extracurricular activity other than sports	Both

5. Where was drug-testing conducted on this date? *(Please check one)*

At this School  Off-Site Location → *Please list:* \_\_\_\_\_ → **(Skip to Q8, next page)**

6. Who conducted the drug tests at this school on this testing date? *(Please check all that apply)*

Trained Faculty Member  Drug-testing Program Contractor  School Nurse  Other *(Please list):* \_\_\_\_\_

7. Was there a break in the **chain of custody procedure** (including specimen documentation) during drug-testing at this school on this date?

Yes → *Please specify:* \_\_\_\_\_  No

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is xxxx-xxxx. The time required to complete this information collection is estimated to average 15 minutes per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collected. If you have any comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: U.S. Department of Education, Washington, DC 20202-4651. If you have comments or concerns regarding

## Appendix B School-Level Testing Form

the status of your individual submission of this form, write directly to: U.S. Department of Education, Institute for Education Sciences, 555 New Jersey Avenue, Washington, DC 20208-5651. This survey is authorized by law (INSERT LEGISLATION, IF APPLICABLE).

**Appendix B School-Level Testing Form**

8. Please indicate which drugs were tested on this testing date, and the method of testing used to test each drug.

DRUG	TESTED		METHOD OF TESTING							TEST RESULTS			
			PLEASE CHECK THE METHOD(S) USED TO TEST EACH DRUG										
	Yes	No	Urine	Oral Fluid	Breath Alcohol	Hair	Sweat Patch	Other	(List):	# Tested Positive	# Confirmatory Tests	# Positive Confirmatory Tests	
Marijuana	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		_____	_____	_____
Phencyclidine (PCP)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		_____	_____	_____
Opiates (Heroin, morphine, codeine)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		_____	_____	_____
Amphetamines/Methamphetamine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		_____	_____	_____
Cocaine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		_____	_____	_____
Synthetic Opiates (Oxycodone Methadone)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		_____	_____	_____
Steroids	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		_____	_____	_____
Alcohol	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		_____	_____	_____
Ecstasy/MDMA	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		_____	_____	_____
GHB	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		_____	_____	_____
LSD	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		_____	_____	_____
Nicotine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		_____	_____	_____
Other (Please list)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		_____	_____	_____
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		_____	_____	_____
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		_____	_____	_____

**Please answer the following questions about procedures for positive tests acquired on this testing date. (Please check one for each)**

9. Were all positive tests verified through a **Medical Review Officer**?.....  Yes  No
10. Were positive samples retained for future re-testing?.....  Yes  No