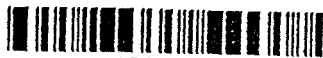


FEDERAL DRUG TESTING CUSTODY AND CONTROL FORM



1234567

Attachment C

SPECIMEN ID NO.

1234567

STEP 1: COMPLETED BY COLLECTOR OR EMPLOYER REPRESENTATIVE

A. Employer Name, Address, I.D. No. _____ B. MRO Name, Address, Phone and Fax No. _____

C. Donor SSN or Employee I.D. No. _____

D. Reason for Test: Pre-employment Random Reasonable Suspicion/Cause Post Accident
 Return to Duty Follow-up 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. _____
Collector Fax No. _____

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.

X _____ Signature of Collector _____ AM/PM _____ Time of Collection _____
 (PRINT) Collector's Name (First, MI, Last) _____ Date (Mo./Day/Yr.) _____

SPECIMEN BOTTLE(S) RELEASED TO: _____
 Name of Delivery Service Transferring Specimen to Lab _____

RECEIVED AT LAB:

X _____ Signature of Accessioner _____
 (PRINT) Accessioner'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 6-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.

X _____ 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 _____

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.

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

PEEL

1234567 A SPECIMEN ID NO. _____ PLACE OVER CAP 1234567 SPECIMEN BOTTLE SEAL _____ Date (Mo. Day Yr.) _____ Donor's Initials _____

1234567 B (SPLIT) SPECIMEN ID NO. _____ PLACE OVER CAP 1234567 SPECIMEN BOTTLE SEAL _____ Date (Mo. Day Yr.) _____ Donor's Initials _____

FEDERAL DRUG TESTING CUSTODY AND CONTROL FORM

SPECIMEN ID NO. 1234567

STEP 1: COMPLETED BY COLLECTOR OR EMPLOYER REPRESENTATIVE

A. Employer Name, Address, I.D. No. _____ C. Donor SSN or Employee I.D. No. _____ D. Reason for Test: <input type="checkbox"/> Pre-employment <input type="checkbox"/> Random <input type="checkbox"/> Reasonable Suspicion/Cause <input type="checkbox"/> Post Accident <input type="checkbox"/> Return to Duty <input type="checkbox"/> Follow-up <input type="checkbox"/> Other (specify) _____ E. Drug Tests to be Performed: <input 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. _____ Collector Fax No. _____	B. MRO Name, Address, Phone and Fax No. _____ _____ _____ _____
--	--

STEP 2: COMPLETED BY COLLECTOR

Read specimen temperature within 4 minutes. Is temperature between 90° and 100° F? <input type="checkbox"/> Yes <input type="checkbox"/> No, Enter Remark _____	Specimen Collection: <input 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.

X _____ Signature of Collector _____ (PRINT) Collector's Name (First, MI, Last)	AM PM Time of Collection _____ Date (Mo./Day/Yr.)	SPECIMEN BOTTLE(S) RELEASED TO: _____ Name of Delivery Service Transferring Specimen to Lab
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RECEIVED AT LAB: X _____ Signature of Accessioner _____ (PRINT) Accessioner's Name (First, MI, Last)	AM PM Date (Mo./Day/Yr.)	Primary Specimen Bottle Seal Intact <input type="checkbox"/> Yes <input type="checkbox"/> No, Enter Remark Below _____	SPECIMEN BOTTLE(S) RELEASED TO: _____
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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 _____ Signature of Donor	_____ (PRINT) Donor's Name (First, MI, 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 _____ 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 _____

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

FEDERAL DRUG TESTING CUSTODY AND CONTROL FORM

SPECIMEN ID NO.

1234567

STEP 1: COMPLETED BY COLLECTOR OR EMPLOYER REPRESENTATIVE

A. Employer Name, Address, I.D. No.		B. MRO Name, Address, Phone and Fax No.	
C. Donor SSN or Employee I.D. No.			
D. Reason for Test: <input type="checkbox"/> Pre-employment <input type="checkbox"/> Random <input type="checkbox"/> Reasonable Suspicion/Cause <input type="checkbox"/> Post Accident <input type="checkbox"/> Return to Duty <input type="checkbox"/> Follow-up <input type="checkbox"/> Other (specify) _____			
E. Drug Tests to be Performed: <input 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. _____	
		Collector Fax No. _____	

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 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"/> _____ Signature of Collector	Time of Collection _____ AM / / Date (Mo./Day/Yr.)	SPECIMEN BOTTLE(S) RELEASED TO: _____ Name of Delivery Service Transferring Specimen to Lab
(PRINT) Collector's Name (First, MI, Last)		

RECEIVED AT LAB:

<input checked="" type="checkbox"/> _____ Signature of Accessioner	Date (Mo./Day/Yr.) _____	Primary Specimen Bottle Seal Intact <input type="checkbox"/> Yes <input type="checkbox"/> No, Enter Remark Below _____	SPECIMEN BOTTLE(S) RELEASED TO: _____
(PRINT) Accessioner's Name (First, MI, Last)			

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.

Signature of Donor

(PRINT) Donor's Name (First, MI, 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 _____

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.) _____

FEDERAL DRUG TESTING CUSTODY AND CONTROL FORM

SPECIMEN ID NO. 1234567

STEP 1: COMPLETED BY COLLECTOR OR EMPLOYER REPRESENTATIVE

A. Employer Name, Address, I.D. No. B. MRO Name, Address, Phone and Fax No. C. Donor SSN or Employee I.D. No. D. Reason for Test: Pre-employment, Random, Reasonable Suspicion/Cause, Post Accident, Return to Duty, Follow-up, 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. Collector Fax No.

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. SPECIMEN BOTTLE(S) RELEASED TO: Signature of Collector, Time of Collection, Date (Mo./Day/Yr.), (PRINT) Collector's Name (First, MI, Last)

RECEIVED AT LAB Primary Specimen Bottle Seal Intact SPECIMEN BOTTLE(S) RELEASED TO: Signature of Accessioner, Date (Mo./Day/Yr.), (PRINT) Accessioner's Name (First, MI, Last), Yes, 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. Signature of Donor, (PRINT) Donor's Name (First, MI, Last), Date (Mo./Day/Yr.), Daytime Phone No., Evening Phone No., Date of Birth. 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.)

FEDERAL DRUG TESTING CUSTODY AND CONTROL FORM

SPECIMEN ID NO.

1234567

STEP 1: COMPLETED BY COLLECTOR OR EMPLOYER REPRESENTATIVE

A. Employer Name, Address, I.D. No.		B. MRO Name, Address, Phone and Fax No.	
C. Donor SSN or Employee I.D. No.			
D. Reason for Test: <input type="checkbox"/> Pre-employment <input type="checkbox"/> Random <input type="checkbox"/> Reasonable Suspicion/Cause <input type="checkbox"/> Post Accident <input type="checkbox"/> Return to Duty <input type="checkbox"/> Follow-up <input type="checkbox"/> Other (specify) _____			
E. Drug Tests to be Performed: <input 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. _____	
		Collector Fax No. _____	

STEP 2: COMPLETED BY COLLECTOR

Read specimen temperature within 4 minutes. Is temperature between 90° and 100° F? <input type="checkbox"/> Yes <input type="checkbox"/> No, Enter Remark _____	Specimen Collection: <input 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"/> _____ Signature of Collector	Time of Collection _____ AM _____ PM	SPECIMEN BOTTLE(S) RELEASED TO: _____ Name of Delivery Service Transferring Specimen to Lab
(PRINT) Collector's Name (First, MI, Last)	_____/_____/_____	

RECEIVED AT LAB: <input checked="" type="checkbox"/> _____ Signature of Accessioner	Primary Specimen Bottle Seal Intact <input type="checkbox"/> Yes <input type="checkbox"/> No, Enter Remark Below _____	SPECIMEN BOTTLE(S) RELEASED TO: _____ Name of Delivery Service Transferring Specimen to Lab
(PRINT) Accessioner's Name (First, MI, Last)	Date (Mo./Day/Yr.) _____	

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"/> _____ Signature of Donor	(PRINT) Donor's Name (First, MI, 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 _____

<input checked="" type="checkbox"/> _____ Signature of Medical Review Officer	(PRINT) Medical Review Officer's Name (First, MI, Last)	Date (Mo./Day/Yr.) _____
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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 _____

<input checked="" type="checkbox"/> _____ Signature of Medical Review Officer	(PRINT) Medical Review Officer's Name (First, MI, Last)	Date (Mo./Day/Yr.) _____
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Paperwork Reduction Act Notice (as required by 5 CFR 1320.21)

Public reporting burden for this collection of information, including the time for reviewing instructions, gathering and maintaining the data needed, and completing and reviewing the collection of information is estimated for each respondent to average: 5 minutes/donor; 4 minutes/collector; 3 minutes/laboratory; and 3 minutes/Medical Review Officer. Federal employees may send comments regarding these burden estimates, or any other aspect of this collection of information, including suggestions for reducing the burden, to the SAMHSA Reports Clearance Officer, Paperwork Reduction Project (0930-0158), Room 7-1044, One Choke Cherry Road, Rockville, MD 20857. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. The OMB control number for this project is 0930-0158.

Back of Copies 1, 2, 3, and 4

Instructions for Completing the Federal Drug Testing Custody and Control Form

- A. Collector ensures that the name and address of the drug testing laboratory appear on the top of the CCF and the Specimen I.D. number on the top of the CCF matches the Specimen I.D. number on the labels/seals.
- B. Collector provides the required information in STEP 1 on the CCF. The collector provides a remark in STEP 2 if the donor refuses to provide his/her SSN or Employee I.D. number.
- C. Collector gives a collection container to the donor for providing a specimen.
- D. After the donor gives the specimen to the collector, the collector checks the temperature of specimen within 4 minutes and marks the appropriate temperature box in STEP 2 on the CCF. The collector provides a remark if the temperature is outside the acceptable range.
- E. Collector checks the split or single specimen collection box. If no specimen is collected, that box is checked and a remark is provided. If it is an observed collection, that box is checked and a remark is provided. If no specimen is collected, Copy 1 is discarded and the remaining copies are distributed as required.
- F. Donor watches the collector pouring the specimen from the collection container into the specimen bottle(s), placing the cap(s) on the specimen bottle(s), and affixing the label(s)/seal(s) on the specimen bottle(s).
- G. Collector dates the specimen bottle label(s) after they are placed on the specimen bottle(s).
- H. Donor initials the specimen bottle label(s) after the label(s) have been placed on the specimen bottle(s).
- I. Collector turns to Copy 2 (MRO Copy) and instructs the donor to read the certification statement in STEP 5 and to sign, print name, date, provide phone numbers, and date of birth after reading the certification statement. If the donor refuses to sign the certification statement, the collector provides a remark in STEP 2 on Copy 1.
- J. Collector completes STEP 4 (i.e., provides signature, printed name, date, time of collection, and name of delivery service), immediately places the sealed specimen bottle(s) and Copy 1 of the CCF in a leak-proof plastic bag, releases specimen package to the delivery service, and distributes the other copies as required.

Privacy Act Statement: (For Federal Employees Only)

Submission of the information on the attached form is voluntary. However, incomplete submission of the information, refusal to provide a urine specimen, or substitution or adulteration of a specimen may result in delay or denial of your application for employment/appointment or may result in removal from the Federal service or other disciplinary action.

The authority for obtaining the urine specimen and identifying information contained herein is Executive Order 12564 ("Drug-Free Federal Workplace"), 5 U.S.C. § 3301 (2), 5 U.S.C. § 7301, and Section 503 of Public Law 100-71, 5 U.S.C. § 7301 note. Under provisions of Executive Order 12564 and 5 U.S.C. 7301, test results may only be disclosed to agency officials on a need-to-know basis. This may include the agency Medical Review Officer, the administrator of the Employee Assistance Program, and a supervisor with authority to take adverse personnel action. This information may also be disclosed to a court where necessary to defend against a challenge to an adverse personnel action.

Submission of your SSN is not required by law and is voluntary. Your refusal to furnish your number will not result in the denial of any right, benefit, or privilege provided by law. Your SSN is solicited, pursuant to Executive Order 9397, for purposes of associating information in agency files relating to you and for purposes of identifying the specimen provided for urinalysis testing for illegal drugs. If you refuse to indicate your SSN, a substitute number or other identifier will be assigned, as required, to process the specimen.

In the event laboratory analysis determines the presence of one or more illegal drugs in the specimen you provide, you will be contacted by an agency Medical Review Officer (MRO). The MRO will determine whether there is a legitimate medical explanation for the drug(s) identified by urinalysis.

Paperwork Reduction Act Notice (as required by 5 CFR 1320.21)

Public reporting burden for this collection of information, including the time for reviewing instructions, gathering and maintaining the data needed, and completing and reviewing the collection of information is estimated for each respondent to average: 5 minutes/donor; 4 minutes/collector; 3 minutes/laboratory; and 3 minutes/Medical Review Officer. Federal employees may send comments regarding these burden estimates, or any other aspect of this collection of information, including suggestions for reducing the burden, to the SAMHSA Reports Clearance Officer, Paperwork Reduction Project (0930-0158), Room 7-1044, One Choke Cherry Road, Rockville, MD 20857. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. The OMB control number for this project is 0930-0158.