FirstLab

October 5, 2006

Carole Woodyard
Department of Administration
Purchasing Division
Building 15
2019 Washington Street, East
Charleston, WV 25305-0130

Dear Ms. Woodyard

Re: "RFQ #DPS0704 West Virginia State Police Random Drug Testing"

FirstLab is pleased to respond to the above-described Request for Quotation. FirstLab would welcome the opportunity to provide services to the West Virginia State Police.

We are prepared to implement the contract in a quality, cost-effective manner. FirstLab is prepared to provide a package of services, which are of the highest quality, created by well-qualified professionals, and at a reasonable cost. With clinical expertise and a combined total of over 100 years of toxicology and laboratory experience, FirstLab is uniquely equipped to provide efficient, confidential consulting services.

We offer our clients the financial stability and international scope of a large corporation, while meeting their drug and alcohol testing needs wherever they are identified. At the same time, we've retained the advantages of a small, local business: immediate, friendly customer service, personal attention to detail, and instant access to the pioneering experts in the drug-free workplace field.

If you have any questions on this response, please do not hesitate to contact me at 800-732-3784.

We look forward to working with you to create a drug and alcohol free environment in which we can all live and work.

Yours sincerely,

Mary Ellen Petti
Chief Development Officer

1364 Welsh Road • Suite C-2 • North Wales • PA 19454-1913 • (800) 732-DRUG (3784)
International (215) 540-1651 • FAX (215) 641-4959 • www.firstlab.com

State of West Virginia
Department of Administration
Purchasing Division
2019 Washington Street East
Post Office Box 50130
Charleston, WV 25305-0130

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ADDRESS CORRESPONDENCE TO ATTENTION OF:
BUYER 32
304-558-0492

VENDOR

FirstLab
Welsh Commons
1364 Welsh Road, Suite C-2
North Wales, PA 19454-1913

SHIP TO

WEST VIRGINIA STATE POLICE

4124 KANAWHA TURNPIKE
SOUTH CHARLESTON, WV
25309 304-746-2141

DATE PRINTED	TERMS OF SALE	SHIP VIA	F.O.B.	FREIGHT TERMS
09/14/2006				

BID OPENING DATE: 10/05/2006 BID OPENING TIME 01:30PM

LINE	QUANTITY	UOP	CAT. NO.	ITEM NUMBER	UNIT PRICE	AMOUNT
0001	1	LT		948-55		

REQUEST FOR QUOTATION

THE PURCHASING DIVISION IS SOLICITING BIDS FOR THE WEST VIRGINIA STATE POLICE TO PROVIDE AN OPEN-END CONTRACT FOR RANDOM DRUG TESTING PER THE ATTACHED SPECIFICATIONS.

ATTACHMENTS: 1. SPECIFICATIONS
2. AFFIDAVIT
3. BID FORM

RANDOM DRUG TESTING

EXHIBIT 3

LIFE OF CONTRACT: THIS CONTRACT BECOMES EFFECTIVE ON ..... AND EXTENDS FOR A PERIOD OF ONE (1) YEAR OR UNTIL SUCH "REASONABLE TIME" THEREAFTER AS IS NECESSARY TO OBTAIN A NEW CONTRACT OR RENEW THE ORIGINAL CONTRACT. THE "REASONABLE TIME" PERIOD SHALL NOT EXCEED TWELVE (12) MONTHS. DURING THIS "REASONABLE TIME" THE VENDOR MAY TERMINATE THIS CONTRACT FOR ANY REASON UPON GIVING THE DIRECTOR OF PURCHASING 30 DAYS WRITTEN NOTICE.

Mary Ellen Deeds

SEE REVERSE SIDE FOR TERMS AND CONDITIONS

TELEPHONE 215-540-1651 DATE 10/04/06

TITLE Chief Development Officer #54-1497463 ADDRESS CHANGES TO BE NOTED ABOVE

WHEN RESPONDING TO RFQ INSERT NAME AND ADDRESS IN SPACE ABOVE LABELED 'VENDOR'

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UNLESS SPECIFIC PROVISIONS ARE STIPULATED ELSEWHERE IN THIS CONTRACT DOCUMENT, THE TERMS, CONDITIONS AND PRICING SET HEREIN ARE FIRM FOR THE LIFE OF THE CONTRACT.

RENEWAL: THIS CONTRACT MAY BE RENEWED UPON THE MUTUAL WRITTEN CONSENT OF THE SPENDING UNIT AND VENDOR, SUBMITTED TO THE DIRECTOR OF PURCHASING THIRTY (30) DAYS PRIOR TO THE EXPIRATION DATE. SUCH RENEWAL SHALL BE IN ACCORDANCE WITH THE TERMS AND CONDITIONS OF THE ORIGINAL CONTRACT AND SHALL BE LIMITED TO TWO (2) ONE (1) YEAR PERIODS.

CANCELLATION: THE DIRECTOR OF PURCHASING RESERVES THE RIGHT TO CANCEL THIS CONTRACT IMMEDIATELY UPON WRITTEN NOTICE TO THE VENDOR IF THE COMMODITIES AND/OR SERVICES SUPPLIED ARE OF AN INFERIOR QUALITY OR DO NOT CONFORM TO THE SPECIFICATIONS OF THE BID AND CONTRACT HEREIN.

OPEN MARKET CLAUSE: THE DIRECTOR OF PURCHASING MAY AUTHORIZE A SPENDING UNIT TO PURCHASE ON THE OPEN MARKET, WITHOUT THE FILING OF A REQUISITION OR COST ESTIMATE, ITEMS SPECIFIED ON THIS CONTRACT FOR IMMEDIATE DELIVERY IN EMERGENCIES DUE TO UNFORESEEN CAUSES (INCLUDING BUT NOT LIMITED TO DELAYS IN TRANSPORTATION OR AN UNANTICIPATED INCREASE IN THE VOLUME OF WORK.)

QUANTITIES: QUANTITIES LISTED IN THE REQUISITION ARE APPROXIMATIONS ONLY, BASED ON ESTIMATES SUPPLIED BY THE STATE SPENDING UNIT. IT IS UNDERSTOOD AND AGREED THAT THE CONTRACT SHALL COVER THE QUANTITIES ACTUALLY ORDERED DURING THE TERM OF THE CONTRACT.

ORDERING PROCEDURE: SPENDING UNIT(S) SHALL ISSUE A

SEE REVERSE SIDE FOR TERMS AND CONDITIONS

SIGNATURE Mary Ellen Pelee TELEPHONE 215-540-1651 DATE 10/04/06

TITLE Chief Development Officer FEIN #54-1497463 ADDRESS CHANGES TO BE NOTED ABOVE

WHEN RESPONDING TO RFQ, INSERT NAME AND ADDRESS IN SPACE ABOVE LABELED 'VENDOR'

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WRITTEN STATE CONTRACT ORDER (FORM NUMBER WV-39) TO THE VENDOR FOR THE SERVICES COVERED BY THIS CONTRACT. THE ORIGINAL COPY OF THE WV-39 SHALL BE MAILED TO THE VENDOR AS AUTHORIZATION FOR AWARD, A SECOND COPY MAILED TO THE PURCHASING DIVISION, AND A THIRD COPY RETAINED BY THE SPENDING UNIT.

BANKRUPTCY: IN THE EVENT THE VENDOR/CONTRACTOR FILES FOR BANKRUPTCY PROTECTION, THIS CONTRACT IS AUTOMATICALLY NULL AND VOID, AND IS TERMINATED WITHOUT FURTHER ORDER.

THE TERMS AND CONDITIONS CONTAINED IN THIS CONTRACT SHALL SUPERSEDE ANY AND ALL SUBSEQUENT TERMS AND CONDITIONS WHICH MAY APPEAR ON ANY ATTACHED PRINTED DOCUMENTS SUCH AS PRICE LISTS, ORDER FORMS, SALES AGREEMENTS OR MAINTENANCE AGREEMENTS, INCLUDING ANY ELECTRONIC MEDIUM SUCH AS CD-ROM.

REV. 04/11/2001

VENDOR PREFERENCE CERTIFICATE

CERTIFICATION AND APPLICATION* IS HEREBY MADE FOR PREFERENCE IN ACCORDANCE WITH WEST VIRGINIA CODE, 5A-3-37 (DOES NOT APPLY TO CONSTRUCTION CONTRACTS).

A. APPLICATION IS MADE FOR 2.5% PREFERENCE FOR THE REASON CHECKED:

( ) BIDDER IS AN INDIVIDUAL RESIDENT VENDOR AND HAS RESIDED CONTINUOUSLY IN WEST VIRGINIA FOR FOUR (4) YEARS IMMEDIATELY PRECEDING THE DATE OF THIS CERTIFICATION; OR

( ) BIDDER IS A PARTNERSHIP, ASSOCIATION OR CORPORATION RESIDENT VENDOR AND HAS MAINTAINED ITS HEAD-

SEE REVERSE SIDE FOR TERMS AND CONDITIONS

SIGNATURE Mary Ellen Peters TELEPHONE 215-540-1651 DATE 10/04/06

TITLE Chief Development Officer FEIN #54-1497463 ADDRESS CHANGES TO BE NOTED ABOVE

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QUARTERS OR PRINCIPAL PLACE OF BUSINESS CONTINUOUSLY IN WEST VIRGINIA FOR FOUR (4) YEARS IMMEDIATELY PRECEDING THE DATE OF THIS CERTIFICATION; OR 80% OF THE OWNERSHIP INTEREST OF BIDDER IS HELD BY ANOTHER INDIVIDUAL, PARTNERSHIP, ASSOCIATION OR CORPORATION RESIDENT VENDOR WHO HAS MAINTAINED ITS HEADQUARTERS OR PRINCIPAL PLACE OF BUSINESS CONTINUOUSLY IN WEST VIRGINIA FOR FOUR (4) YEARS IMMEDIATELY PRECEDING THE DATE OF THIS CERTIFICATION; OR

( ) BIDDER IS A CORPORATION NONRESIDENT VENDOR WHICH HAS AN AFFILIATE OR SUBSIDIARY WHICH EMPLOYS A MINIMUM OF ONE HUNDRED STATE RESIDENTS AND WHICH HAS MAINTAINED ITS HEADQUARTERS OR PRINCIPAL PLACE OF BUSINESS WITHIN WEST VIRGINIA CONTINUOUSLY FOR THE FOUR (4) YEARS IMMEDIATELY PRECEDING THE DATE OF THIS CERTIFICATION.

B. APPLICATION IS MADE FOR 2.5% PREFERENCE FOR THE REASON CHECKED:

( ) BIDDER IS A RESIDENT VENDOR WHO CERTIFIES THAT, DURING THE LIFE OF THE CONTRACT, ON AVERAGE AT LEAST 75% OF THE EMPLOYEES WORKING ON THE PROJECT BEING BID ARE RESIDENTS OF WEST VIRGINIA WHO HAVE RESIDED IN THE STATE CONTINUOUSLY FOR THE TWO YEARS IMMEDIATELY PRECEDING SUBMISSION OF THIS BID;
OR
( ) BIDDER IS A NONRESIDENT VENDOR EMPLOYING A MINIMUM OF ONE HUNDRED STATE RESIDENTS OR IS A NONRESIDENT VENDOR WITH AN AFFILIATE OR SUBSIDIARY WHICH MAINTAINS ITS HEADQUARTERS OR PRINCIPAL PLACE OF BUSINESS WITHIN WEST VIRGINIA EMPLOYING A MINIMUM OF ONE HUNDRED STATE RESIDENTS WHO CERTIFIES THAT, DURING THE LIFE OF THE CONTRACT, ON AVERAGE AT LEAST 75% OF THE EMPLOYEES OR BIDDERS' AFFILIATE'S OR

SEE REVERSE SIDE FOR TERMS AND CONDITIONS

SIGNATURE Mary Ellen Peters TELEPHONE 215-540-1651 DATE 10/04/06

TITLE Chief Development Officer FEIN #54-1497463 ADDRESS CHANGES TO BE NOTED ABOVE

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SUBSIDIARY'S EMPLOYEES ARE RESIDENTS OF WEST VIRGINIA WHO HAVE RESIDED IN THE STATE CONTINUOUSLY FOR THE TWO YEARS IMMEDIATELY PRECEDING SUBMISSION OF THIS BID.

BIDDER UNDERSTANDS IF THE SECRETARY OF TAX & REVENUE DETERMINES THAT A BIDDER RECEIVING PREFERENCE HAS FAILED TO CONTINUE TO MEET THE REQUIREMENTS FOR SUCH PREFERENCE, THE SECRETARY MAY ORDER THE DIRECTOR OF PURCHASING TO: (A) RESCIND THE CONTRACT OR PURCHASE ORDER ISSUED; OR (B) ASSESS A PENALTY AGAINST SUCH BIDDER IN AN AMOUNT NOT TO EXCEED 5% OF THE BID AMOUNT AND THAT SUCH PENALTY WILL BE PAID TO THE CONTRACTING AGENCY OR DEDUCTED FROM ANY UNPAID BALANCE ON THE CONTRACT OR PURCHASE ORDER.

BY SUBMISSION OF THIS CERTIFICATE, BIDDER AGREES TO DISCLOSE ANY REASONABLY REQUESTED INFORMATION TO THE PURCHASING DIVISION AND AUTHORIZES THE DEPARTMENT OF TAX AND REVENUE TO DISCLOSE TO THE DIRECTOR OF PURCHASING APPROPRIATE INFORMATION VERIFYING THAT BIDDER HAS PAID THE REQUIRED BUSINESS TAXES, PROVIDED THAT SUCH INFORMATION DOES NOT CONTAIN THE AMOUNTS OF TAXES PAID NOR ANY OTHER INFORMATION DEEMED BY THE TAX COMMISSIONER TO BE CONFIDENTIAL.

UNDER PENALTY OF LAW FOR FALSE SWEARING (WEST VIRGINIA CODE 61-5-3), BIDDER HEREBY CERTIFIES THAT THIS CERTIFICATE IS TRUE AND ACCURATE IN ALL RESPECTS; AND THAT IF A CONTRACT IS ISSUED TO BIDDER AND IF ANYTHING CONTAINED WITHIN THIS CERTIFICATE CHANGES DURING THE TERM OF THE CONTRACT, BIDDER WILL NOTIFY THE PURCHASING DIVISION IN WRITING IMMEDIATELY.

BIDDER: FirstLab

SEE REVERSE SIDE FOR TERMS AND CONDITIONS

SIGNATURE Mary Ellen Rebro TELEPHONE 215-540-1651 DATE 10/04/06

TITLE Chief Development Officer FEIN #54-1497463 ADDRESS CHANGES TO BE NOTED ABOVE

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DATE: October 4, 2006

SIGNED: Mary Ellen Peters

TITLE: Chief Development Officer

* CHECK ANY COMBINATION OF PREFERENCE CONSIDERATION(S) IN EITHER "A" OR "B", OR BOTH "A" AND "B" WHICH YOU ARE ENTITLED TO RECEIVE. YOU MAY REQUEST UP TO THE MAXIMU 5% PREFERENCE FOR BOTH "A" AND "B".
(REV. 12/00)

NOTICE

A SIGNED BID MUST BE SUBMITTED TO:

DEPARTMENT OF ADMINISTRATION
PURCHASING DIVISION
BUILDING 15
2019 WASHINGTON STREET, EAST
CHARLESTON, WV 25305-0130

THE BID SHOULD CONTAIN THIS INFORMATION ON THE FACE OF THE ENVELOPE OR THE BID MAY NOT BE CONSIDERED:

SEALED BID

BUYER: RON PRICE----------

RFQ. NO.: DPS0704----------

SEE REVERSE SIDE FOR TERMS AND CONDITIONS

SIGNATURE Mary Ellen Peters | TELEPHONE 215-540-1651 | DATE 10/04/06

TITLE Chief Development Officer | FEIN #54-1497463 | ADDRESS CHANGES TO BE NOTED ABOVE

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State of West Virginia
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BID OPENING DATE: OCTOBER 5, 2006----------

BID OPENING TIME: 1:30 PM----------

PLEASE PROVIDE A FAX NUMBER IN CASE IT IS NECESSARY TO CONTACT YOU REGARDING YOUR BID:

215-540-3923

CONTACT PERSON (PLEASE PRINT CLEARLY):

Peggy Leving ext. 224
Mary Ellen Petti ext. 201

QUESTIONS: QUESTIONS WILL BE ACCEPTED THROUGH SEPTEMBER 29, 2006, 12:00 NOON; DIRECTED TO CAROLE WOODYARD AT (304) 746-2141

****** THIS IS THE END OF RFQ DPS0704 ****** TOTAL:

SEE REVERSE SIDE FOR TERMS AND CONDITIONS

SIGNATURE Mary Ellen Petti TELEPHONE DATE

TITLE Chief Development Officer FEIN ADDRESS CHANGES TO BE NOTED ABOVE

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Executive Summary

FirstLab was founded in 1989 as a subsidiary of FHC Health Systems, of Norfolk Virginia. We have continually provided drug and alcohol testing services to employers and organizations for over 17 years.

FirstLab is a privately held, physician owned company, whose core business is providing Medical Review Officer (MRO) and Third Party Administrator (TPA) services through a wide range of innovative, high-quality, cost-effective products and services to a highly diversified client base. In addition to our drug and alcohol testing services, FirstLab is a provider of employment screening and regulatory information management services.

Using state of the art data systems, including secure web enabled report delivery, FirstLab is prepared to provide a package of services that is of the highest quality. With clinical expertise and a combined total of over 100 years of toxicology, laboratory and regulatory experience, FirstLab is uniquely equipped to provide efficient, confidential, administrative, management and consulting services.

FirstLab develops customized protocols to meet each client's individual needs. Detailed procedures are documented and updated routinely by our Account Management Teams.

Our clients include Fortune 500 companies, law enforcement agencies, state and municipal governments, airlines, professional recovery programs, hospital and outpatient facilities, and sports organizations.

Because of our continued commitment to excellence, client service and quality assurance, FirstLab has emerged as the leader in the field of third-party administration of drug and alcohol testing programs. We have assembled the finest talent in the industry to guide our clients through the increasingly complex area of program design, implementation and administration.

We assume the time-consuming and complicated administrative duties of reviewing and tracking test results, which can provide a significant saving in personnel costs. FirstLab provides expert consultation, and guides its clients through the scientific and technical complexities of the complete testing process. We have further backed that up with state-of-the-art communication and information management technologies and have put all this in our clients' hands so they can control their own programs.

FirstLab is sensitive to preserving the dignity and right to privacy of each individual undergoing drug and alcohol testing. Our emphasis on customer service helps employees and management personnel understand and accept the drug and breath alcohol testing processes. We regularly meet to review our progress in attaining these objectives and approach our responsibilities daily with the understanding that behind every test there is someone's life and job on the line.

FirstLab provides services comparable to those outlined in this proposal to the following state agencies and private corporations:

- Air Products and Chemicals, Inc.
- Asplundh Tree Experts
- Florida Department of Education
- Florida Department of Transportation (Florida Transit Association)
- Haliburton
- Independence Blue Cross/Blue Shield
- Kellogg Company
- North Carolina Department of Transportation
- Pepsi Bottling Group
- Schneider National
- State of South Carolina
- Sunoco
- Waste Connections

FirstLab currently provides the following menu of services to the above clients:

- Monitoring & administration of program
- Chain-of-custody documentation
- Drug testing kits
- Collection site selection and monitoring
- Specimen shipping and handling (overnight service)
- DHHS-certified laboratory analysis of specimens
- Laboratory audit and quality assurance
- Medical Review Officer (MRO) services
- Breath-alcohol testing services
- Record keeping, retention and program status reports
- Random test selection
- On-site collection services
- Clearinghouse for all costs associated with drug and alcohol testing
- Emergency after hours collections (includes drug and alcohol)
- Blind proficiency sampling submission and tracking
- Complete program management services
- Litigation support
- DOT audit support
- Background Investigations
- Linkage to SAP Services
- DOT required drug and alcohol background checks

FirstLab can provide the services of Dennis Bennett, President, as a consultant on all regulatory issues. Mr. Bennett is a former Drug Program Analyst with the United States Department of Transportation and participated in the writing of the original drug and alcohol testing regulations.

In addition, FirstLab is pleased to provide the services of Dr. Donna Smith, as Regulatory Affairs and Program Development Officer. Dr. Smith previously served as the Acting Director, Drug Enforcement and Program Compliance, for the U.S. Department of Transportation in Washington, D.C., coordinating the development, implementation, and enforcement of policies and procedures for the transportation industry workplace drug and alcohol testing programs. She also served as Senior Advisor to the Secretary of Transportation for monitoring all components of the DOT and industry drug and alcohol testing programs, as well as coordinating its enforcement and compliance efforts. She was a principal author of the DOT drug and alcohol testing regulations and numerous government publications on drug and alcohol testing procedures.

SPECIFICATIONS

Vendor Responsibilities

The successful Vendor is responsible for the following:

1. Generating a random list of personnel to be tested on a monthly basis.

FirstLab will supply you with a random testing selection system designed for compliance with federal regulations. FirstLab will maintain the random pool, making additions and deletions, as necessary, after receiving input from the WVSP. Input can be sent to FirstLab in the required format via email. Then the random list will be generated to the program's specifications by the FirstLab computer and delivered, in a confidential manner, to the designated representative(s). Alternate selections can be provided with each random list.

FirstLab will provide status reports, showing progress toward meeting the minimum random testing requirements, to the WVSP on a quarterly or monthly basis. The total number of employees selected for random testing will equal or exceed the number or percentage specified by the DOT on a yearly basis and in accordance with regulations.

The following is a basic description of FirstLab's random selection process:

FirstLab uses a custom written software package for generating random lists. The software is written in Visual Basic and accesses a Microsoft SQL Server database. The software application had been reviewed and evaluated by independent statisticians and found to be "a true random number generator". The random number generator software meets all requirements for a scientifically valid random selection process as specified by DOT regulations. The random generator is integrated with LinkUP©, FirstLab's Result Retrieval System database.

The WVSP provides a list of eligible employees to FirstLab prior to the start of each random selection period. This list must be in a format compatible with FirstLab's database. The list is imported into the database. A complete history of employees is kept, and employees no longer on the eligible list are marked as ineligible.

The WVSP's program specifications for selecting the random list would then be set up in the database. This needs to be completed only the first time a random list is generated unless the specifications for pool composition or random selection criteria change.

The program will then generate a report of those individuals selected by the random number generator and distribute the selections as determined by the WVSP. The next time a random list is generated, the process is repeated, selections are made from all eligible employees, and any employee who was selected previously may be selected again.

FirstLab will maintain proof of confirmation that the WVSP received the random selection list. If no selections are made for a particular location or client unit during the selection period, FirstLab will provide the location/unit contact written documentation no later than 15 calendar days from the beginning of the selection period that no employees were selected. Alternate selections can be provided to each location with each random selection notification. In addition, FirstLab will provide additional alternates to the locations as required.

2. **Collection of all samples, at Agency facilities throughout West Virginia, inclusive of any travel costs associated with the collection of these samples. (Any travel costs associated with sample collection are to be encompassed within the per test fee.)**

FirstLab will comply with this requirement. The per test fee will be inclusive of any travel costs for on-site collections at the WVSP facilities throughout West Virginia.

3. **Conducting sample collection activity during normal working hours. (Normal working hours for the purposes of this contract are 8:00 AM to 5:00 PM, *Monday through Friday, excluding any state or federal holidays, or special* holidays declared by the Governor.)**

FirstLab shall provide the services of collection facilities that are regularly engaged in the business of providing the required services for sample collections of drugs and alcohol testing (Monday through Friday, five days a week, between the hours of 8:00 AM and 5 PM.) Most collection sites are open between 8:00 a.m. to 5:00 p.m., although some open before 8:00 a.m. and stay open after 5:00 p.m.

See Appendix 2 for list of proposed collection sites.

4. **Standard Testing: Shall consist of analyzing samples collected to ascertain the presence or absence of the following SIX (6) substances in the concentrations specified:**

   a) **Concentrations of a drug at or above the following levels shall be considered a positive test regarding the initial immunoassay drug screening test:**

1- Cocaine Metabolite	**300 ng/ml**
2 - Marijuana Metabolite	**50 ng/ml**
3 - Opiate Metabolite	**300 ng/ml**
4 - Amphetamines	**1000 ng/ml**
5 - Benzodiazepines	**300 ng/ml**
6 - OxyContin	**300 ng/ml**

Initial testing of urine specimens panel listed above will be performed by an FDA-

approved immunoassay. Confirmation of presumptive positive specimens is performed by gas chromatography/mass spectrometry (GC/MS). GC/MS provides unequivocal identification of the molecule(s) on the basis of characteristic fragmentation patterns at specific retention times.

b) Concentrations of a drug at or above the following levels shall be considered a positive test regarding the confirmatory gas chromatography/mass spectrometry (GC/MS) test:

1- Cocaine Metabolite	**150 ng/ml**
2 - Marijuana Metabolite	**15 ng/ml**
3 - Opiate Metabolite	**300 ng/ml**
4 - Amphetamines	**500 ng/ml**
5 - Benzodiazepines	**300 ng/ml**
6 - OxyContin	**300 ng/ml**

Confirmation of presumptive positive specimens is performed by gas chromatography/mass spectrometry (GC/MS). GC/MS provides unequivocal identification of the molecule(s) on the basis of characteristic fragmentation patterns at specific retention times.

Note: The COST per Test Administered referred to at the end of this request **for quotations refers to testing for the above listed six (6) substances only. Vendors are also required to provide pricing for additional OPTIONAL Testing for the substances listed within item number 5 below. This cost is to be quoted on a per substance, per test basis. It is estimated that this type of testing will not be required more than twenty times per year.**

See Optional Pricing listed in Pricing Tab.

5. Optional Testing: On certain occasions, the Agency may wish to test for other substances in addition to the five listed above. Optional Testing shall consist of analyzing samples collected to ascertain the presence or absence of the following substances in the concentrations specified:

a.) Concentrations of a drug at or above the following levels shall be considered a positive test regarding the initial immunoassay drug-screening test:

Barbiturates	**300 ng/ml**
PCP	**25 rig/ml**
Steroids	**to be specified at time of test (may be one or more)**

b.) Concentrations of a drug at or above the following levels shall be considered a positive test regarding the confirmatory gas chromatography/mass spectrometry (GCIMS) test:

Barbiturates	**300 ng/ml**
PCP	**25 ng/ml**
Steroids	**to be specified at time of test (may be one or more)**

FirstLab can provide the Optional Testing listed above according to the levels required in the RFQ. See Cost Sheet.

6. **Providing a written report to the Superintendent or his designee, on a monthly basis, which details the results of all tests.**

Note: <u>All reports</u> provided by the Vendor will be addressed as follows:

Office of the Superintendent
West Virginia State Police
725 Jefferson Road
South Charleston, WV 25309-1698

The exterior of the package containing the report will be conspicuously *marked "CONFIDENTIAL "in large red letters on both the front and rear* surfaces.

FirstLab can provide The Superintendent with statistical summary reports of all laboratory findings to aid in the pre-employment screening process, risk management, and for use as a management tool.

These reports can provide information indicating the number and outcome of tests performed for each quarter and cumulatively year-to-date.

FirstLab has successfully designed, implemented and maintained data collection and record keeping procedures and reports for all clients. FirstLab can provide statistical reports indicating the number and outcome of tests performed for each quarter and cumulatively year-to-date.

These reports are available at any time the client wishes to generate them.

At a minimum, FirstLab will maintain records of testing as follows:

- Number of urine specimens collected by type of test, (e.g., pre-employment, random, reasonable suspicion, post-accident);
- Number of positives verified by a Medical Review Officer by type of test and type of controlled substance;
- Number of negative controlled substance tests verified by a Medical Review Officer by type of test.

FirstLab can provide you with statistical summary reports of all laboratory findings to aid in the pre-employment screening process, risk management, and for use as a management tool.

FirstLab will provide for proper documentation and storage of test results for the appropriate period of time to comply with 49 CFR Part 40 and supply such records to clients' authorized personnel using confidential protocol.

You are cordially invited to visit our Internet site, www.FirstLab.com for a demonstration of our online reporting capabilities.

To access our demo, log on to www.FirstLab.com, proceed to the Demo section of our site, click on Workplace Testing Demo and follow the instructions printed below. You will find that we have provided you with a special guest access Login ID and Password. This will allow you to enter our demonstration area and view samples of how your data can be quickly and confidentially accessed.

Login ID	Workplace
Password	FirstLab

7. Insuring the security, integrity, and confidentiality of the program.

FirstLab has taken every precaution to maintain as confidential ***ALL*** information pertaining to drug testing records.

FirstLab currently provides test results automatically and securely to our clients via Internet, email and IVR Fax.

FirstLab's web server runs the Windows Server 2003 operating system, and runs the minimum number of services needed, thus reducing a risk of intruder attacks. The server's OS security is checked and updated regularly, as updates are suggested by Microsoft. Highly sensitive programs, like FTP, are disabled on the server, thereby reducing another favorite target among hackers.

FirstLab uses a CheckPoint FW1 firewall with tight restrictions that will not allow an attack from the outside. The firewall generates log files that can be accessed in case an attempted attack is suspected.

A test performed on our web server, attempting to attach to many of the ports that hackers use, proved fruitless. All of the potential ports – 21 (usually used for FTP), 23 (Telnet), 25 (SMTP Mail Server Port), 79 (Finger), 80 (HTTP), 110 (POP3 Mail Server Port), 139 (Net BIOS), 143 (IMAP) and 443 (HTTPS) – proved to be completely invisible to the outside world. This means the web server and firewall are doing their jobs and keeping intruders out.

Our web server also sits on a different domain than our main SQL servers, which provide the technical backbone for our business. For this reason, a successful attack into our web server, with an already an extremely low rate of success, would not result in any threat to our secure data and would pose no threat to our databases, on which we rely to perform our core business.

Our web server features 128-bit VeriSign encryption. In addition, FirstLab has services that can provide 256-bit encrypted secure file transfer, as well as secure messaging.

The physical security of FirstLab's offices is protected by motion sensor alarms. All FirstLab personnel and visitors to FirstLab's offices are required to sign statements of confidentiality and all visitors, delivery and repair personnel must be escorted at all times when in our facility.

All hard copy files are kept locked at all times and access to these files is carefully restricted. In addition, the LinkUP© computer system database was designed with multi-layer security access codes to protect the confidentiality of result reports. Only pre-designated employees may gain access to the computer system through a combination of their name and private password. LinkUP© also provides an audit trail to record the dates times and individual completing any transaction on the system.

8. **Complying with the analytical standards. established for this program (see below).**

FirstLab will comply with all analytical standards established in the RFQ>

9. **Providing any follow-up testing or analysis required to either confirm a policy violation or eliminate a false positive. (The cost of such follow-up work to be included within the per test fee quoted pursuant to this contract.)**

FirstLab will comply with this requirement with a maximum of 5 tests per year.

10. **Providing any necessary expert testimony required at any deposition, disciplinary or judicial proceeding which arises as a result of this program.**

FirstLab will provide the WVSP with expert witness services in the event of any litigation or arbitration wherein the provision of expert testimony by FirstLab is appropriate. The availability of experts is subject to change. FirstLab cannot guarantee that personnel involved in the testing of a particular individual will remain available to provide testimony. Fees charged for Expert Witness Services shall apply to time spent preparing testimony, travel time, waiting time, and time spent actually giving testimony. Fees charged shall be at the rate currently in effect at the time the testimony is required.

11. **All labor, materials, transportation, blind samples, and any other costs associated with operation of the program are to be covered by the basic, per test fee, inclusive of any one time administrative fee associated with establishing the program. The only separate costs which will be honored are those associated with Expert Testimony when required.**

FirstLab's per test fee will be all inclusive except for Expert Testimony.

13. **The Vendor is to provide pricing which shall be inclusive of all necessary collection and identification supplies and sample transportation costs from the**

collection site to a laboratory certified by the Substance Abuse and Mental Health Services Administration (SAMHSA), National Institute of Drug Abuse (NIDA).

FirstLab's per test fee will be all inclusive.

14. **The Vendor will conduct urine specimen collection under procedures issued by/through the U.S. Department of Transportation. This includes a 5-panel drug screen using current SAMHSAINIDA acceptable laboratory methods. The split sample method of collection, handling and storage of the sample is to be utilized.**

FirstLab will provide laboratory testing services for this contract from Laboratory Corporation of America (LabCorp)

Laboratory Corporation of America (hereinafter referred to as LabCorp), a DHHS-ertified Laboratory, in their facility at 1904 Alexander Drive, Research Triangle Park, NC 7709. Laboratory Corporation of America Holdings is headquartered in Burlington, orth Carolina.

In February 11, 1992, CompuChem Laboratories, a division of CompuChem Corporation, erged with Roche Biomedical Laboratories, Inc. Both companies combined bringing ver 20 years of testing experience to the merged organization. On April 28, 1995, Roche iomedical Laboratories, Inc., and National Health Laboratories Holdings, Inc., merged to orm Laboratory Corporation of America™ Holdings (LabCorp), the largest clinical aboratory provider in the world, in terms of revenues. Following this merger, in July of 995, LabCorp acquired National Laboratory Center, Inc., dba. MedExpress in Memphis, ennessee, as an addition to the Occupational Testing Services Division of LabCorp.

LabCorp has met the standards for accreditation as a Forensic Urine Drug Testing Laboratory and participates in the College's Forensic Drug Testing Confirmatory Proficiency Program.

NIDA (National Institute on Drug Abuse Certification) (formerly DHHS now SAMHSA). On December 7, 1988, LabCorp was one of the first 10 laboratories certified by the National Institute on Drug Abuse (DHHS) under the National Laboratory Certification Program (NLCP) and continues to maintain the certification. See Appendix 3 for laboratory certifications.

Below is the DOT 5 split specimen panel that will be utilized for testing for the WVSP as specified in this RFQ. The Collection, handling and storage of the sample will all follow DOT guidelines. See Appendix 4 for the DOT collection procedure guidebook.

The DHHS/DOT 5 drug-testing panel is as follows:

Drug Class	Screening Cut-off Levels (ng/ml)	Confirmation Cut-off Levels (ng/ml)

1.	Amphetamines (Amphetamine & methamphetamine)	1000	500
2.	Cannabinoids (THC, Marijuana)	50	15
3.	Cocaine (Benzoegoline)	300	150
4.	Opiates (Codeine, Morphine, Heroin)	2000	2000
5.	Phencyclidine (PCP)	25	25

15. **The Vendor will provide for a split specimen/challenge drug testing process (at a different SAMHSA/NIDA approved lab if instructed to do so) upon the employee's request within 72 hours of receiving the request. The employee is to be billed for these services and charges will not be the fiscal responsibility of the Agency. The vendor is authorized by the agency to demand payment in advance for this test.**

FirstLab will comply with this requirement for split specimen requests.

16. **The Vendor will retain positive specimens for one year by following the current SAMHSAINIDA methodology, unless instructed otherwise by Agency.**

All specimens confirmed positive are retained in frozen secure storage for at least one year. In split specimen testing, required by the DOT, the Bottle B (split specimen) is also retained in secure frozen storage for at least one year (or until the MRO orders it to be released to another laboratory for re-confirmation testing.

17. **The Vendor will not charge for specimen adulteration assays.**

As authorized under DHHS and DOT procedures, each urine specimen will also be screened for possible adulteration or substitution. At a minimum, creatinine values for all specimens will be obtained, and if abnormal, specific gravity measurement will be taken to determine the urine concentration. There is no charge for specimen adulteration assays, it is included in the cost per test fee.

18. **The Vendor will not charge for handling of rejected specimens or those otherwise unfit for testing.**

There is no charge for rejected specimens, it is included in the cost per test fee.

19. **BLANK**

20. **BLANK**

21. **The Vendor will provide the Superintendent or his designee with notification of negative drug test results within the time frames established by the U.S. Department of Transportation/Federal Highway Administration. In the event of a positive preliminary test (immunoassay drug screen), the following requirements/time limits apply:**

- **The secondary test (gas chromatography/mass spectrometry GC/MS) will be conducted within 48 hours.**
- **If the secondary test is also positive, the case will immediately be referred to the Vendor's Medical Review Officer.**
- **If the Medical Review Officer determines the tests to be true positive (i.e. there Is no acceptable medical explanation for the presence of the substance) the final written report of the Medical Review Officer must be in the hands of the Superintendent or his/her designee within 5 business days. In addition, the Medical Review officer will also report his findings verbally to the Superintendent or his designee within 24 hours. (the Agency will provide an emergency telephone number and procedure to facilitate the verbal report.)**

NOTE: IF THE INDIVIDUAL TESTED OPTS TO DEMAND THE SPLIT SPECIMEN/CHALLENGE TEST, SUCH DEMAND DOES NOT AFFECT OR DELAY THE VENDORS REPORTING OBLIGATIONS AS SET FORTH ABOVE.

Initial test aliquots (small portions) are next drawn from the primary specimens. In the aliquoting process, a small portion of each sample is removed from the specimen bottle and placed into a tube labeled with the accession number. Initial testing of urine specimens is performed by an FDA-approved immunoassay. These assays are designed as a primary screening test to separate negative specimens (specimens that do not contain drugs above established cut-off levels) from specimens that have presumptive evidence of drugs. Any presumptive positive result obtained during the screening procedure will automatically be scheduled for confirmation by Gas Chromatography/Mass Spectrometry (GC/MS). Negative specimens will be retained for five (5) working days and then destroyed.

Confirmation of presumptive positive specimens is performed by gas chromatography/mass spectrometry (GC/MS). GC/MS provides unequivocal identification of the molecule(s) on the basis of characteristic fragmentation patterns at specific retention times. Presumptive positive specimens are prepared for GC/MS analysis by returning to the original primary specimen and taking an aliquot for each drug detected on the immunoassay. Each aliquot is then tested for specific drug metabolites in the drug class, using confirmation cut-off levels to establish a positive result. When drug metabolites are detected at or above cut-off levels by GC/MS, the specimen is declared positive, and after a review of the analytic data, including the quality control data, the certifying scientist signs the result as a positive test, identifying the drug(s) detected and releases it to the Medical Review Officer (MRO). A specimen in which drugs are not detected by GC/MS analysis using established cut-off levels, is reported as a negative result. All specimens confirmed positive are retained in frozen secure storage for at least one year. In split specimen testing, required by the DOT, the Bottle B (split specimen) is also retained in secure frozen storage for at least one year (or until the MRO orders it to be released to another laboratory for re-confirmation testing.

FirstLab provides the services of a Medical Review Officer (MRO), a licensed physician with a background in substance abuse treatment. All FirstLab MROs meet the qualification training standards of DOT and have extensive experience in workplace drug testing programs. The MRO will review and interpret all laboratory test findings and confidentially report only to authorized personnel at your company.

The MRO's duties will be (i) the review of drug test results, (ii) the contact and interviewing of applicants and employees whose test results are reported as non-negative (e.g. positive, adulterated, substituted, and invalid) (iii) the determination of alternative medical explanations for the results, as appropriate and (iv) the reporting of verified results to designated representatives of the WVSP .

Confidentiality

In carrying out the foregoing duties, the MRO may become aware of such sensitive medical information as an individual's medical condition, medications, medical diagnosis, and medical history. Such information will be kept in strictest confidence by the MRO and will not be released or used for any purpose not related to the MRO's duties.

Medical information deemed to affect the employee's medical qualification status or to affect workplace or public safety will be reported to the WVSP 's designated representative in accordance with applicable federal or state regulations..

Receipt and Review of Drug Test Results:

The MRO shall receive drug test results from the laboratory via secure electronic download or facsimile. For all non-negative laboratory results, the MRO shall require a copy of the laboratory test result signed by the laboratory certifying scientist. In addition for all DOT-regulated drug tests, the MRO shall require a copy of the federal custody and control form containing the applicant/employee's signature. The MRO shall perform a review of these documents prior to verifying and reporting the final test result determination. If the documents require correction or completion, the MRO shall request same from the collection site or the laboratory as appropriate and in accordance with applicable federal regulations. The MRO shall contact the laboratory scientists as appropriate to discuss atypical test results, to request additional information, or to order additional analysis of the specimen as required by applicable federal regulations.

In circumstances of a verified positive, adulterated or substituted test result, the MRO shall notify the donor of his/her right to have the split specimen reconfirmed in accordance with applicable federal regulations.

Reporting and retrieval of Verified Test Results

Once the MRO verifies a non-negative test result, the The WVSP may access all results through the FirstLab Result Retrieval System in a secure and confidential manner.

For all non-negative verified results, the WVSP will receive a call from a member of the FirstLab MRO Staff or their FirstLab Account Manager to alert them that a verified non-negative test result is being released to the FirstLab Result Retrieval System.

22. The Vendor will ensure that strict rules of confidentiality, issued by or through the U.S. Department of Transportation, will be maintained at all times. All test results and material acquired will become the property of the Agency. Any test results shall not be released without prior express written consent of the West Virginia State Police.

FirstLab will provide collection site selection, quality assurance, and training of collection site personnel, to ensure technical proficiency of all personnel involved in the collection process and ensures strict maintenance of security, confidentiality and respect for the dignity and right to privacy of the individual donor.

FirstLab has taken every precaution to maintain as confidential ***ALL*** information pertaining to drug testing records.

The physical security of FirstLab's offices is protected by motion sensor alarms. All FirstLab personnel and visitors to FirstLab's offices are required to sign statements of confidentiality and all visitors, delivery and repair personnel must be escorted at all times when in our facility.

All hard copy files are kept locked at all times and access to these files is carefully restricted. In addition, the LinkUP© computer system database was designed with multi-layer security access codes to protect the confidentiality of result reports. Only pre-designated employees may gain access to the computer system through a combination of their name and private password. LinkUP© also provides an audit trail to record the dates times and individual completing any transaction on the system.

FirstLab will not release any test results shall without written consent of the West Virginia State Police.

23 The Vendor is to identify their subcontractor(s) and the portions bf the program they intend to sub-contract; or, for those Vendors not having identified their subcontractors at the time of submitting their bid, the Vendor must state their desire to subcontract specific portions of the Drug Testing Program.

FirstLab will provide laboratory testing services for this contract from Laboratory Corporation of America (LabCorp)

Laboratory Corporation of America (hereinafter referred to as LabCorp), a DHHS-ertified Laboratory, in their facility at 1904 Alexander Drive, Research Triangle Park, NC 7709. Laboratory Corporation of America Holdings is headquartered in Burlington, orth Carolina. See Appendix 3 for laboratory certifications.

FirstLab will provide collection site selection, quality assurance, and training of collection site personnel, to ensure technical proficiency of all personnel involved in the collection process and ensure strict maintenance of security, confidentiality and respect for the dignity

and right to privacy of the individual donor. See Appendix 2 for proposed list of collection sites for the WVSP.

24. The Vendor shall provide the Superintendent or his designee with a written recapitulation of the testing program results on a monthly basis.

FirstLab has successfully designed, implemented and maintained data collection and record keeping procedures and reports for all clients. FirstLab can provide statistical reports indicating the number and outcome of tests performed for each quarter and cumulatively year-to-date as well as statistical summary reports of all laboratory findings to aid in the pre-employment screening process, risk management, and for use as a management tool. These reports are available at any time the client wishes to generate them.

At a minimum, FirstLab will maintain records of drug testing as follows:

- Number of specimens collected by type of test, (e.g. pre-employment, random, reasonable suspicion, post-accident);
- Number of positives verified by a Medical Review Officer by type of test and type of controlled substance;
- Number of negative controlled substance tests verified by a Medical Review Officer by type of test;
- Number of cancelled, adulterated, and substituted tests verified by the MRO by type of test.

FirstLab will provide for proper documentation and storage of test results for the appropriate period of time to comply with 49 CFR Part 40 and supply such records to clients' authorized personnel using confidential secure protocols.

See Appendix 5 for sample reports.

25. The Vendor shall provide all blind samples as required by U.S. Department of Transportation regulations (at no additional cost to the Agency).

FirstLab will automatically submit and track blind samples, on behalf of the WVSP, in compliance with all Federal regulations, at no additional charge.

26. The Vendor shall not use or disclose at any time during or after the termination of this contract, any information discovered or developed in the course of the performance of this contract without the express written consent of the West Virginia State Police. Any and all reports related to this contract shall be submitted to the Superintendent or his designee.

FirstLab will not use or disclose at any time during or after the termination of this contract, any information discovered or developed in the course of the performance of this contract without the express written consent of the West Virginia State Police.

You are cordially invited to visit our Internet site, www.FirstLab.com for a demonstration of our online reporting capabilities.

To access our demo, log on to www.FirstLab.com, proceed to the Demo section of our site, click on Workplace Testing Demo and follow the instructions printed below. You will find that we have provided you with a special guest access Login ID and Password. This will allow you to enter our demonstration area and view samples of how your data can be quickly and confidentially accessed.

Login ID	Workplace
Password	FirstLab

27. **Quantities listed in this request for quotations are approximations only and are based upon estimates of yearly usage. It is understood and agreed that the contract will cover the quantities actually ordered for delivery during the term of the contract, whether more or less than the quantities shown.**

FirstLab understands and agrees with the above statement.

28. **The Vendor shall not assign, transfer, or delegate any interest in the contract whether by assignment, delegation or novation, without the prior written consent of the Agency.**

FirstLab will comply with the above statement.

29. **The Vendor will submit detailed, Itemized invoices to the Accounting Section, West Virginia State Police, on a monthly basis and will be reimbursed pursuant to Standard State accounting procedures (in arrears). The Invoice is to reflect all testing conducted during the respective calendar month. State law forbids payment of such invoices in advance of the services being rendered.**

FirstLab's billing procedures are designed to make the process easier for our clients. Billing is sent out on a monthly basis to the attention of the program manager. Monthly billing will document the tests preformed from the previous month, e.g., tests that are reported in the month of October will be billed the third week of November.

30. **The successful Vendor will be required to provide proof of liability insurance in the minimum amount of one million dollars ($1,000,000) combined single limit per occurrence.**

~~See Appendix 6 for insurance certificate.~~

31. The following parameters apply with regard to the rates quoted within the Vendor price Quotation section below:

a) The Vendor is responsible for providing Blind Specimens on an as needed basis in accordance with testing levels established pursuant to the above specifications.
b) Waiting Time will apply when collection at an Agency site is delayed from the originally scheduled start time or when a delay occurs during the course of a scheduled collection and the delay is not attributable to the Vendor. Waiting time will accrue in 15-minute intervals.
c) All sample collection will occur between 8:00 a.m. and 5:00 p.m., Monday through Friday, State and Federal holidays excluded.

FirstLab has read and understands the parameters set forth above for price quotation.

32. The Vendor will be paid for all "No Shows", which are defined as:

a) A donor arrives at a Vendor facility without appropriate identification, causing service not to take place.
b) A donor fails to appear for a scheduled collection without 24 hour advance cancellation notice.
c) Incomplete service due to the either of the following: - Donor is unable to void within three (3) hours - Donor refuses to provide urine specimen

33 The Superintendent may direct that for cause testing of an individual or individuals be conducted on an incidental basis. In the event this occurs, the prices quoted herein for random testing shall apply. In the case of for cause testing, the date, time and location of sample collection shall be agreed upon by the Agency and the Vendor on a case-by-case basis.

FirstLab can assist The Superintendent for cause testing of an individual during regular business hours and the random testing pricing will apply.

FirstLab will assist in obtaining after-hours testing for post-accident or reasonable suspicion situations. We maintain a 24-hour a day, seven-day week coverage for the purpose of scheduling reasonable suspicion after-hours testing services and will provide toll-free telephone numbers for this purpose. We have successfully provided our clients with this service for 17 years. These tests will be billed on a case by case basis.

34. The Primary selection criteria will be price, computed according to the attached bid form.

Prior to award, the apparent successful Vendor will be required to provide the following information which is. subject to verification by the Agency and the Purchasing Division. This Information will be required In order to verify the Vendor's ability to perform under the terms and conditions of the contract.

- **Proof of Liability insurance (per the bid specifications)**

  See Appendix 6 for insurance certificate.

- **Proof of certification for the Laboratory Facility (i.e. that meets the standards established in the bid specification)**

  See Appendix 3 for laboratory certificates.

- **The Credentials of the designated Medical Review Officer and a synopsis of his/her experience with a program(s) of this nature and scope (inclusive of testimony arising from litigation associated with such programs).**

  See Appendix 7 for MRO certificates

- **A synopsis of the Vendor's experience with programs of this nature and scope (inclusive of testimony arising from litigation associated with such programs), to include:**

  See Executive Summary Tab.

- **Five (5) references (preferably current) for whom similar services are or have been performed.**

  See Appendix 8 for FirstLab's partial list of clients

- **The methodology for generating the random list of personnel to be tested.**

  See Appendix 9 for *FirstLab Report* on the Random Selection Process.

- **The logistics, mechanism, and resources which will be utilized in order to collect samples on a statewide basis.**

  FirstLab can provide this information upon award of the contract.

Drug Testing Costs (Estimated Pool Size: 750 to 825 employees): Prospective Bidders must utilize the attached bid form.

See Cost Pricing Tab.

Notes: Other travel costs (meals, mileage, lodging) related to expert testimony will be reimbursed based upon actual expenditures, not to exceed the rates in effect pursuant to the current State of West Virginia Travel Regulations. Receipts for meals and lodging will be required.

See Cost Pricing Tab for expert witness testimony fees.

The Agency recognizes that there are a multitude of steroid substances which are subject to abuse, and that an individual/specific test is required to positively identify each one which may have been abused. The price quotation requested above Is the cost to test for one specific steroid (i.e. if the Agency requests that the Vendor test a sample for three steroids, the total cost will be three times the cost quoted above).

See Cost Sheet for steroid pricing.

DPS0704 - OPEN-END CONTRACT FOR RANDOM DRUG TESTING- BID OPENING DATE: 10/6/2006, 1:30 PM					
Item#	Description	Per Test / Hour	Cost Per Test / Hour	Estimated Usage	Extended Bid Price
1	Standard Test (Agency Facility) **6 panel (Cocaine, Marijuana, Opiates, Amphetamines, Benzos & Oxycontin)**	Test	**$ 61.75**	240	**$14,820**
2	Standard Test (Vendors Facility) **6 panel (Cocaine, Marijuana, Opiates, Amphetamines, Benzos & Oxycontin)**	Test	**$ 48.00**	40	**$ 2,000**
3	Barbiturates	Test	**$ 35.00***	10	**$ 350**
4	PCP	Test	**$ 35.00***	10	**$ 350**
5	Steroids #5900 (see Exhibit A for panel)	Test	**$138.00***	20	**$ 2,760**
6	Waiting Time	Hour	**$ 50.00**	4	**$ 200**
7	Collector Testimony	Hour	Pass Through of fees	4	**$**
8	Lab Personnel Testimony	Hour	Pass Through of fees	4	**$**
9	Third Party Administrator Testimony	Hour	**N/C**	4	**$**
10	Medical Review Officer Testimony Via Telephone Off Site Facility	Hour Hour	**$150.00** **$150.00 plus expenses not to exceed $1500 a day**	4	**$ 600**
11	Collector Deposition	Hour	Pass Through of fees	4	**$**
12	Lab Personnel Deposition	Hour	Pass Through of fees	4	**$**
13	Third Party Administrator Deposition Via Telephone	Hour	**N/C**	4	**$**
14	Medical Review Officer Deposition Via Telephone Off site facility	Hour Hour	**$150.00** **$150.00 plus expenses not to exceed $1500 a day**	4	**$ 600**
15	Collector Travel	Hour	Pass Through of fees	4	**$**
16	Lab Personnel Travel	Hour	Pass Through	4	**$**

			of fees		
17	Third Party Administrator Travel	Hour	**N/C**	4	**$**
18	Medical Review Officer Travel	Hour	**$150.00 plus expenses not to exceed $1500 a day**	4	**$**
				Total	**$**

* Collections done off-site at vendor's facilities

Additional Services

Reanalysis or split specimen analysis by alternate DHHS Laboratory	$125.00 per drug
Supervisor Training Video and Manual	$250.00 each
Supervisor Video, Manual and Training Session	$400.00 + travel and expenses
Policy & Procedures Development	$400.00
Review of Existing Policy & Procedures	$100.00/hour billed in ½ hour increments
Litigation Package	Pass through of lab fees plus an admin. fee of $25.00

Exhibit A – Steroid Panel #5900

Bolasterone
Boldenone
Chlorotestosterone
Dehydrochchloromethyl-testosterone
Dromostanolone
Ethylestrenol
Fluoxymesterone
Furazabol
Mesterolone
Methandroil
Methenolone
Methandienone
Methyltestosterone
Nadrolone
Nortethandrolone
Oxandrolone
Oxymetholone
Oxymesterone
Stanozolol
Testosterone

FirstLab can provide an assortment of expanded steroid panels per your request.

Bidder Infromation:

Name: **Mary Ellen Petti**

Company Name: **First Hospital Laboratories, Inc., dba FirstLab**

Address: **1364 Welsh Road, Suite C2, North Wales, PA 19454**

Phone #: **215-540-1651**

Fax #: **215-540-3923**

Email Address: **mpetti@firstlab.com**

AFFIDAVIT

West Virginia Code §5A-3-10a states:
No contract or renewal of any contract may be awarded by the state or any of its political subdivisions to any vendor or prospective vendor when the vendor or prospective .vendor or a related party to the vendor or prospective vendor is a debtor and the debt owned is an amount greater than one thousand dollars in the aggregate.

DEFINITIONS:
"Debt" means any assessment, premium, penalty, fine, tax or other amount of money owed to the state or any of its political subdivisions because of a judgment, fine, permit violation, license assessment, defaulted workers' compensation premium, penalty or other assessment presently delinquent or due and required to be paid to the state or any of its political subdivisions, including any interest or additional penalties accrued thereon.

"Debtor" means any individual, corporation, partnership, association, Limited Liability Company or any other form or business association owing a debt to the state or any of its political subdivisions.

"Political subdivision" means any county commission; municipality; county board of education; any instrumentality established by a county or municipality; any separate corporation or instrumentality established by one or more counties or municipalities, as permitted by law; or any public body charged by law with the performance of a government function or whose jurisdiction is coextensive with one or more counties or municipalities.

"Related party" means a party, whether an individual, corporation, partnership, association, limited liability company or any other form or business association or other entity whatsoever, related to any vendor by blood, marriage, ownership or contract through which the party has a relationship of ownership or other interest with the vendor so that the party will actually or by effect receive or control a portion of the benefit, profit or other consideration from performance of a vendor contract with the party receiving an amount that meets or exceed five percent of the total contract amount.

EXCEPTION:
The prohibition of this section does not apply where a vendor has contested any tax administered pursuant to chapter eleven of this code, workers' compensation premium, permit fee or environmental fee or assessment and the matter has not become final or where the vendor has entered into a payment plan or agreement and the vendor is not in default of any of the provisions of such plan or agreement.

LICENSING:
The vendor must be licensed in accordance with any and all state requirements to do business with the state of West Virginia.

CONFIDENTIALITY:
The vendor agrees that he or she will not disclose to anyone, directly or indirectly, any such personally identifiable information or other confidential information gained from the agency, unless the individual who is the subject of the information consents to the disclosure in writing or the disclosure is made pursuant to the agency's policies, procedures and rules. Vendors should visit www.state.wv.usladmin/purchaselprivacy for the Notice of Agency Confidentiality Policies.

Under penalty of law for false swearing (West Virginia Code, §61-5-3), it is hereby certified that the vendor acknowledges the information in this said affidavit and are in compliance with the requirements as stated.

Vendor's Name: **First Hospital Laboratories, Inc., dba FirstLab**

Authorized Signature: Mary Ellen Pettit Date: **October 4, 2006**

FirstLab

Dennis J. Bennett

President
FirstLab

1364 Welsh Road, Suite C-2
North Wales, PA 19454-1913
800-732-DRUG (3784)

Brief Biography

Mr. Bennett has been with FirstLab for 10 years and was promoted to the position of President in May 2004. From 1999-2004, he held the position of Chief Operating Officer and from 1994-1999 he served as the company's Vice President of Government Affairs.

Prior to joining the company in June 1994, Mr. Bennett completed 22 years of work within the federal government's Alcohol and Drug Abuse Prevention and Control Programs. In his last position, he was a program analyst with the Secretary's Office of Drug Enforcement and Program Compliance, U.S. Department of Transportation (DOT) in Washington, DC. That office was responsible for developing, coordinating, and overseeing alcohol and drug regulations, policies, programs and information within the regulated transportation industry.

Mr. Bennett has the distinction of being one of the key architects of the DOT's current drug and alcohol testing regulations now affecting over eight million employees throughout the United States. Additionally, he was one of the Secretary's primary staff members charged with the responsibility of educating industry and the public about the Department's efforts to establish a drug and alcohol free transportation workplace. Mr. Bennett has literally made hundreds of presentations around the country on the content and impact of the Department's regulations.

Previously, from 1986-1991, Mr. Bennett served as the Alcohol and Drug Control Officer for the U.S. Army's Depot System Command headquartered in Chambersburg, PA. He managed the Command's civilian employee assistance program, which totaled over 40,000 civilian employees worldwide and established one of the very first civilian employee drug-testing programs within the Department of the Army in 1986.

Mr. Bennett was also a clinical director for a U.S. Army community-based outpatient drug and alcohol treatment center in Heidelberg, Germany and from 1977-1984 was an instructor and course director at the U.S. Army's Drug and Alcohol Counselor Training Center in Munich, Germany.

Mr. Bennett has served on the Board of Directors for the Substance Abuse Program Administrators Association (SAPAA), a national association of third party administrators of drug and alcohol testing programs.

Mr. Bennett received his Bachelor's Degree in Psychology from the University of Connecticut in 1972 and a Master's Degree in Education (M.Ed.) with an emphasis in drug and alcohol studies from Boston University in 1976. He is an Army veteran.

FirstLab

Mary Ellen Petti

Chief Development Officer

FirstLab
1364 Welsh Road, Suite C-2
North Wales, PA 19454-1913
800-732-DRUG (3784)

Brief Biography

Ms. Petti is responsible for the oversight of all vertical marketing applications for FirstLab. Her duties also include the exploration and implementation of new services and business opportunities as well as the development of enhanced information management systems and the design and delivery of diversified outsourcing initiatives in the areas of alternative testing methods, pharmacy support services, Internet products, and regulatory compliance services.

In 1985, Ms. Petti joined Psychiatric Diagnostic Laboratories of America, Inc. (PDLA) as a Client Service Specialist and within six months was appointed Manager of that department. In October of 1987 she was promoted to Director of Laboratory Administration which included Client Services, Reference Laboratories and Accessioning (specimen receiving and identification). In this position she was involved in a broad range of special projects including marketing initiatives, new product development, computer system enhancements, clinical consultations, strategic management of new accounts and updating laboratory procedures to bring them in line with NIDA and DOT guidelines for workplace drug testing.

In May of 1989, Data Operations was shifted to report directly to Ms. Petti. In this capacity she was involved in the analysis and development of highly customized computer software, working closely with PDLA's software technicians to design and implement the new laboratory data management system. This included the development of a totally automated bar coding system and laboratory interface for specimen processing. She contributed to the design of operational program parameters for such clients as the New York Giants, the New York Jets, the National Basketball Association, the St. Petersburg Cardinals (St. Louis Cardinal's farm team) and the ATP Tour.

Ms. Petti has authored and co-authored numerous articles, abstracts and educational programs on development a drug-free workplace and identifying alcohol and drug abuse, including a series of presentations to Virginia law enforcement agencies in cooperation with the New River Criminal Justice Training Academy in Virginia.

In December of 1990, she joined FirstLab as one of the founding members of the management team and has been responsible for the design and administration of the majority of the drug and alcohol programs currently in place for FirstLab's clients. These include Pepsi-Cola North America, the Regional Airline Association, the National Hot Rod Association (NHRA) Winston Championship Drag Racing and PGA Tour Investments, Inc.

FirstLab

Donna R. Smith, Ed.D.

Regulatory Affairs and
Program Development Officer
FirstLab

1364 Welsh Road, Suite C-2
North Wales, PA 19454-1913
800-732-DRUG (3784)

Brief Biography

Dr. Smith joined FirstLab in November of 2004 and assumes the responsibility for the oversight of all areas of regulatory compliance, including client consultation and regulatory training programs. In addition, she will have responsibility for the review and development of client drug free workplace policies and procedures.

A graduate of Capital University of Columbus, OH, Dr. Smith received a Masters of Social Work from Hunter College in New York, and a Ed.D. in Counseling Psychology from Ball State University in Muncie, IN.

Dr. Smith previously served as the Acting Director, Drug Enforcement and Program Compliance, for the U.S. Department of Transportation in Washington, D.C., coordinating the development, implementation, and enforcement of policies and procedures for the transportation industry workplace drug and alcohol testing programs. She also served as Senior Advisor to the Secretary of Transportation for monitoring all components of the DOT and industry drug and alcohol testing programs, as well as coordinating its enforcement and compliance efforts. She was a principal author of the DOT drug and alcohol testing regulations and numerous government publications on drug and alcohol testing procedures.

Most recently, she held the position of Senior Vice President for Education, Training and Development at First Advantage Corporation, providing technical and regulatory consultation to corporate clients and administered special services programs such as athletic testing, contractor compliance, management education and employee assistance program implementation.

Dr. Smith has provided testimony and statements in over 25 administrative proceedings as an expert witness on the Department of Transportation and Department of Health and Human Services procedures for workplace drug testing. Her particular areas of expertise are in specimen collection, laboratory analysis, and medical review officer procedures, and employer policy development and implementation.

FirstLab

Natalie P. Hartenbaum, M.D., M.P.H., F.A.C.O.E.M.
Chief Medical Review Officer

FirstLab

1364 Welsh Road, Suite C-2
North Wales, PA 19454-1913
800-732-3784

Brief Biography

Dr. Hartenbaum received her B.A. is Biology from Temple University and her M.D. from Temple University School of Medicine. She also has a M.P.H. in Occupational Medicine from the Medical College of Wisconsin. Dr. Hartenbaum completed her internship and residency in Internal Medicine at Abington Memorial Hospital, Abington PA. She served additional residencies in Internal Medicine and Occupational and Environmental Medicine at Tulane University and Thomas Jefferson University Hospital, Philadelphia, PA. Dr. Hartenbaum is Board Certified in Internal Medicine and Occupational Medicine and is a Fellow of the American College of Occupational and Environmental Medicine. She is certified as both a Medical Review Officer and a Breath Alcohol Technician.

Dr. Hartenbaum has extensive professional experience in occupational medicine having served as Medical Director for Consolidated Rail Corporation (Conrail), Assistant Medical Director, CentraMed Occupational Health Specialists, and as Occupational Health Physician at Merck and CO., Inc. She has particular expertise in DOT driver qualification medical examinations, return to work and fitness for duty determinations, and workplace drug and alcohol testing. She currently serves on the faculties of the University of Pennsylvania and the American College of Occupational and Environmental Medicine (ACOEM), teaching courses in occupational medicine.

Dr. Hartenbaum has given over 90 professional presentations and lectures at medical meetings, conferences, transportation forums and other seminars. She has authored, edited, or contributed to 25 published articles, papers or books in the Occupational and Environmental Medicine field.

Dr. Hartenbaum is an active member of the Philadelphia Occupational and Environmental Medicine Society and of the American College of Occupational and Environmental Medicine, serving on various boards and committees. She was honored with the ACOEM President's Award in 2005.

In 1999, Dr. Hartenbaum founded OccuMedix, Inc., an occupational health and safety consulting group serving federal agencies, employers, professional organizations, hospitals and clinics. She serves as OccuMedix President and CEO and regularly provides consulting services to the U. S. Department of Transportation agencies

FirstLab

Lynn A. Carr

Director of Operations/Chief Compliance Officer

FirstLab
1364 Welsh Road, Suite C-2
North Wales, PA 19454-1913
800-732-3784

Brief Biography

Ms. Carr began her career with FirstLab in 1994. Through training and experience she advanced her career progressively. Her diverse experience in managing client accounts and MRO services provided Ms. Carr with a thorough understanding of the drug testing industry and all applicable guidelines. Ms. Carr attended conferences, which include the American College of Occupational and Environmental Medicine (ACOEM) MRO Training Course, the Drug and Alcohol Testing Industry Association (DATIA) Student Drug Testing and DOT's Public Meeting regarding the August 2001 regulatory revisions. As a result of her training, regulatory knowledge and extensive experience with daily operational functions, Ms. Carr was promoted to the position of Co-Director of Operations in May 1999.

In September 2003, Ms. Carr was promoted to her current position. As Director of Operations and Chief Compliance Officer, Ms. Carr is responsible for the management of daily operational issues as well as the organization, development and execution of policies and procedures for over 1500 client accounts. Her duty as Chief Compliance Officer is assuring compliance to all Federal, State, Local and Corporate and policies. In order to fulfill these responsibilities Ms. Carr maintains a close relationship with government agencies as well as DHHS-certified laboratories.

FirstLab

Nancy Muse

Director of Support Services

FirstLab

1364 Welsh Road, Suite C-2
North Wales, PA 19454-1913
800-732-3784

Brief Biography

Ms. Muse was promoted in 2002 to the position of Director of Support Services. The Account Managers for Pepsi Bottling Group, Frito-Lay, and North Carolina account report directly to her, as well as the New Account Set Up division. She continues to be involved with the IT Department as liaison for the Operations Department.

Ms. Muse started her career at FirstLab in 1993 as a clerk/typist and was quickly promoted to the position of Account Manager in August 1994. Her responsibilities included the daily administration of our client Pepsi Cola as well as setting up new accounts. In 1998, she accepted additional responsibilities as the New Accounts/Special Projects Manager. July of 1999, Ms. Muse also added the management of our South Carolina contract as Account Manager.

As the Special Projects Manager Ms. Muse has been instrumental in development of our computer system. Her duties as Account Manager for the South Carolina Contract include overseeing their drug and alcohol testing programs. As New Accounts Manager she has the unique ability to assess the needs of new clients and to ensure those needs are meet by the laboratories, collection facilities and by FirstLab.

Prior to joining FirstLab, Ms. Muse was a Sales Representative for a national medical book wholesaler.

FirstLab

Regina Doural

Manager of Workplace Testing

FirstLab
1364 Welsh Road, Suite C-2
North Wales, PA 19454-1913
800-732-3784

Brief Biography

Ms. Doural started her career with FirstLab in August of 2000 as the Receptionist and was quickly promoted to Assistant Account Manager. In 2003 she accepted the additional responsibilities as Senior Account Manager and most recently to Manager of Workplace Programs.

As Manager of Workplace Programs, Regina Doural manages the daily departmental operations that support client workplace drug testing programs. Regina's duties include account management, customer service and communication with vendors and regulatory agencies. Has thorough knowledge of client protocols, collection guidelines, laboratory procedures and applicable regulations.

Prior to joining FirstLab, Regina worked as a customer service representative and a retail store manager. She has a B.S. in Business Administration.

Proposed List of Collection Sites for West Virginia State Police

County	Collection Site	Address	City	Zip Code	Collection Site County	Miles
Barbour	LabCorp	215 W. MAIN ST.	BRIDGEPORT	26330	Harrison	12 miles
Berkeley	LabCorp	315 ROCK CLIFF DRIVE	MARTINSBURG	25401	Berkeley	
Boone	Boone County Memorial Hospital	701 Madison Ave	Madison	25130	Boone	15 miles
Braxton	Braxton Co. Memorial Hosp	100 Hoylman Drive	Gassaway	26624	Braxton	
Brooke	Corp Health Services at Wheeling Hospital	1 Medical Park Road	Wheeling	26003	Ohio	
Cabell	EMSI	529 6TH AVE.	HUNTINGTON	25701	Cabell	
Cabell	LabCorp	3135 16th Street Rd	HUNTINGTON	25701	Cabell	
Calhoun	Braxton Co. Memorial Hosp	100 Hoylman Drive	Gassaway	26624	Braxton	18 miles
Clay	Clay Health Center	125 Center St	Clay	25043	Clay	
Doddridge	Sistersville General Hospital	314 South Wells Street	Sistersville	26175	Tyler	19 miles
Fayette	Rainelle Medical Center, Inc.	645 Kanawha Avenue	Rainelle	25962	Fayette	
Gilmer	Braxton Co. Memorial Hosp	100 Hoylman Drive	Gassaway	26624	Braxton	18 miles
Grant	Grant Memorial Hosp	Rt 55 West Box 1019	Petersburg	26847	Grant	
Greenbrier	LabCorp	406 Davis Stuart Rd	Fairlea	24902	Greenbrier	
Hampshire	Frostburg Medical Center	10701 New Georges Creek Rd	Frostburg	21539		
Hancock	LabCorp	16761 ST. CLAIR AVE. STE. B	East Liverpool	43920		11 miles
Hardy	Hardy County Medical Service	422 South Main St	Moorefield	26836	Hardy	
Harrison	LabCorp	215 W. MAIN ST.	BRIDGEPORT	26330	Harrison	

Proposed List of Collection Sites for West Virginia State Police

County	Collection Site	Address	City	Zip Code	Collection Site County	Miles
Jackson	Holzer Clinic Meigs County Branch	88 East Memorial Dr	Pomeroy	45769		
Jefferson	Jefferson Urgent Care LLC	84 Somerset Blvd.	Charles Town	25414	Jefferson	
Kanawha	LabCorp	3701 MacCorkle Ave	CHARLESTON	25304	Kanawha	
Kanawha	EMSI	337 12TH ST.	DUNBAR	25064	Kanawha	
Kanawha	LabCorp	329 6TH AVENUE	SOUTH CHARLESTC	25303	Kanawha	
Lewis	LabCorp	215 W. MAIN ST.	BRIDGEPORT	26330	Harrison	18 miles
Lincoln	LabCorp	1207 HOSPITAL DRIVE	HURRICANE	25526	Putnam	11 miles
Logan	Employer Testing	Rt. 44 South	Wilkenson	25653	Logan	
Marion	LabCorp	501 LOCUST AVE.	FAIRMONT	26554	Marion	
Mason	Point Clinic - Dr Wagner	708 Viand Street	Point Pleasent	25550	Mason	
McDowell	Bluefield Regional Medical Center	500 Cherry St.	Bluefield	24701	Mercer	20 miles
Mercer	LabCorp	32 NEW HOPE RD.	PRINCETON	24740	Mercer	
Monongalia	LabCorp	200 Wedgewood Drive Suite 106 in the Medical Arts Bldg.	Morgantown	26505	Monongalia	
Monongalia	LabCorp	99 J. D. ANDERSON DR.	MORGANTOWN	26505	Monongalia	
Mineral	Hunt Club Medical Ctr	11 Hunt Club Plaza	Ridgeley	26753	Mineral	
Mingo	Williamson Memorial Hospital	859 Alderson Street	Williamson	25661		
Morgan	War Memorial Occupational Health	109 War Memorial Dr.	Berkeley Springs	25411	Morgan	
Monroe	LabCorp	406 Davis Stuart Rd	Fairlea	24902	Greenbrier	15 miles

Proposed List of Collection Sites for West Virginia State Police

County	Collection Site	Address	City	Zip Code	Collection Site County	Miles
Marshall	Corp Health Services at Wheeling Hospital	1 Medical Park Road	Wheeling	26003	Ohio	10 miles
Nicholas	Summersville Memorial Hospital	400 Fairview Heights Rd	Summersville	26651	Nicholas	
Ohio	Corp Health Services at Wheeling Hospital	1 Medical Park Road	Wheeling	26003	Ohio	
Pleasants	LabCorp	130 7TH. ST., NORTH	Marietta	45750		14 miles
Pocahontas	Webster Springs Co Memorial Hospital	324 Miller Mountain Dr	Webster Springs	26288	Webster	20 miles
Preston	Preston Memorial Hospital	300 South Price Street	Kingwood	26537	Preston	
Putnam	LabCorp	1207 HOSPITAL DRIVE	HURRICANE	25526	Putnam	
Raleigh	LabCorp	2401 SOUTH KANAWHA	BECKLEY	25801	Raleigh	
Randolph	Davis Memorial Hospital	Gorman Ave. & Reed Street	Elkins	26241	Randolph	
Roane	Big Otter Clinic	HC 75 Box 150	Ivydale	25113	Clay	20 miles
Roane	Clay Health Center	125 Center St	Clay	25043	Clay	24 miles
Summers	Summers County ARH Hospital	1500 Terrace Street	Hinton	25951	Summers	10 miles
Taylor	LabCorp	501 LOCUST AVE.	FAIRMONT	26554	Marion	12 miles
Tucker	Davis Memorial Hospital	Gorman Ave. & Reed Street	Elkins	26241	Randolph	
Tyler	Sistersville General Hospital	314 South Wells Street	Sistersville	26175	Tyler	
Upshur	LabCorp	215 W. MAIN ST.	BRIDGEPORT	26330	Harrison	22 miles
Wayne	EMSI	529 6TH AVE.	HUNTINGTON	25701	Cabell	13 miles
Wayne	LabCorp	3135 16th Street Rd	HUNTINGTON	25701	Cabell	13 miles

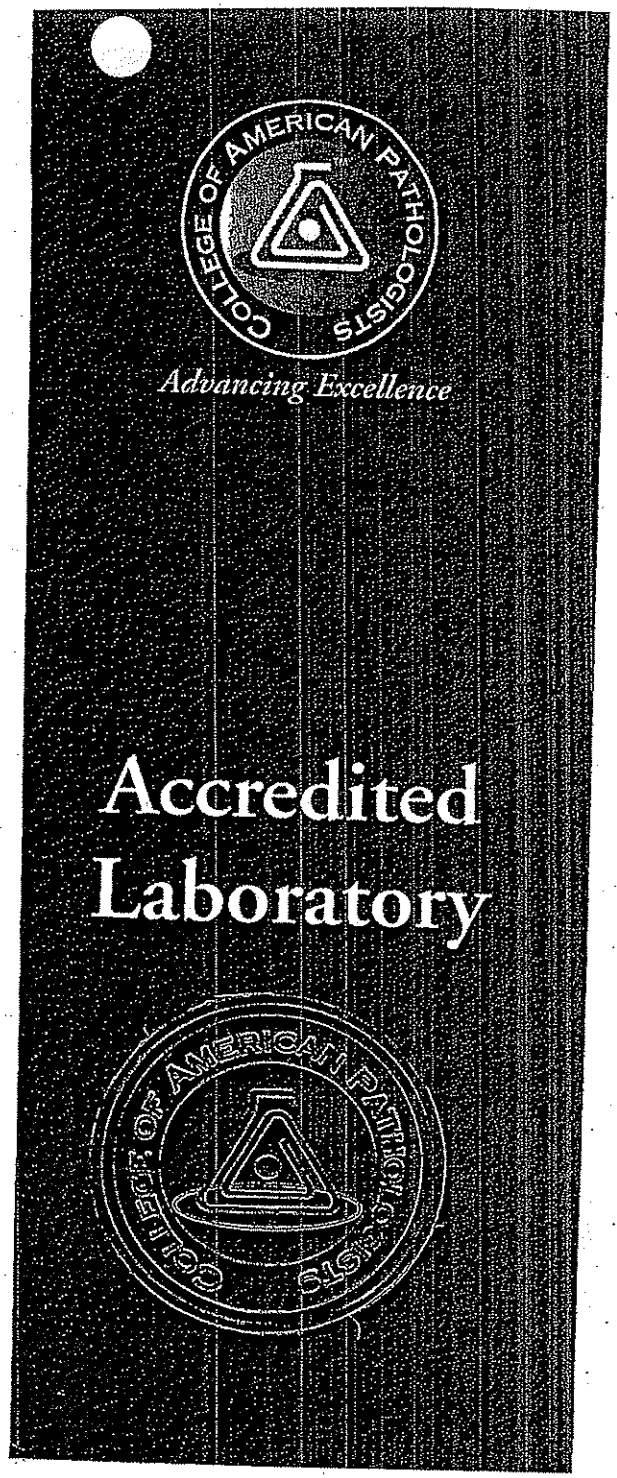
Proposed List of Collection Sites for West Virginia State Police

County	Collection Site	Address	City	Zip Code	Collection Site County	Miles
Webster	Webster Springs Co Memorial Hospital	324 Miller Mountain Dr	Webster Springs	26288	Webster	
Wetzel	Wetzel County Hospital	3 East Benjamin Drive	New Martinsville	26155	Wetzel	
Wirt	LabCorp	1212 Garfield Suite 101	Parkersburg	26101	Wood	14 miles
Wood	LabCorp	1212 Garfield Suite 101	Parkersburg	26101	Wood	
Wyoming	LabCorp	2401 SOUTH KANAWHA	BECKLEY	25801	Raleigh	21 miles

1904 ALEXANDER DRIVE
RTP, NC 27709

Lab Director/RP- William Lynn, Ph.D.

CERTIFICATIONS / LICENSURES



The College of American Pathologists

certifies that the laboratory named below

Laboratory Corporation of America
Clinical Toxicology
Research Triangle Park, North Carolina
William Randy Lynn, PhD

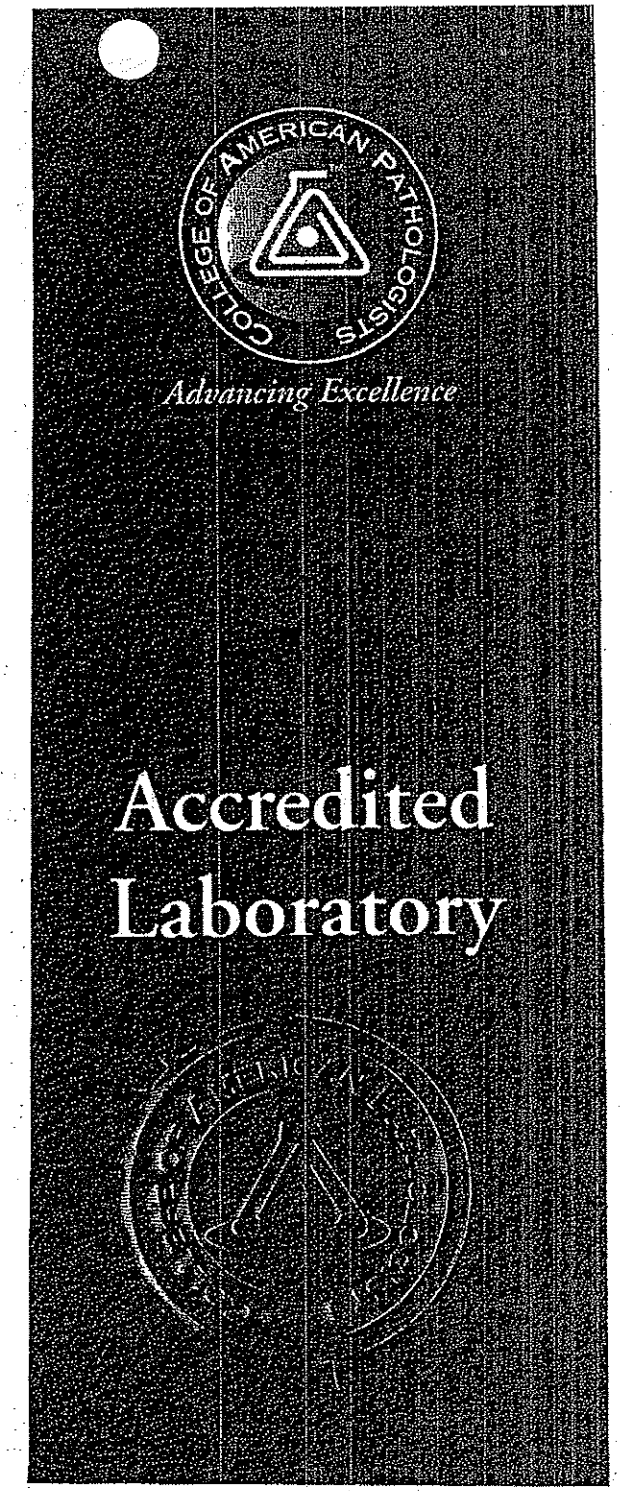
LAP Number: 7191443
AU-ID: 1431904

has met all applicable standards for accreditation and is hereby fully accredited by the College of American Pathologists' Laboratory Accreditation Program. Reinspection should occur within 30 days prior to November 17, 2007 to maintain accreditation.

Accreditation does not automatically survive a change in director, ownership, or location and assumes that all interim requirements are met.

R Brian Williams, MD
Chair, Commission on Laboratory Accreditation

Thomas Soderman MD FCAP
President, College of American Pathologists



The College of American Pathologists

certifies that the laboratory named below

Laboratory Corporation of America
Occupational Testing Services
Research Triangle Park, North Carolina
Randy Lynn, PhD

LAP Number: 1402201
AU-ID: 1191834

has met all applicable standards for accreditation and is hereby fully accredited by the College of American Pathologists' Forensic Urine Drug Testing Accreditation Program. Reinspection should occur within 30 days prior to June 10, 2007 to maintain accreditation.

Accreditation does not automatically survive a change in director, ownership, or location and assumes that all interim requirements are met.

Chair, Commission on Laboratory Accreditation

Mary E. Kass, M.D.
President, College of American Pathologists

CENTERS FOR MEDICARE & MEDICAID SERVICES

CLINICAL LABORATORY IMPROVEMENT AMENDMENTS

CERTIFICATE OF ACCREDITATION

LABORATORY NAME AND ADDRESS
LABCORP OCCUPATIONAL TESTING SVCS INC
LABORATORY CORP OF AMERICA
1904 ALEXANDER DRIVE
RESEARCH TRIANGLE PARK, NC 27709

CLIA ID NUMBER
34D0877242

EFFECTIVE DATE
01/03/2006

LABORATORY DIRECTOR
WILLIAM R LYNN PHD

EXPIRATION DATE
01/02/2008

Pursuant to Section 353 of the Public Health Services Act (42 U.S.C. 263a) as revised by the Clinical Laboratory Improvement Amendments (CLIA), the above named laboratory located at the address shown hereon (and other approved locations) may accept human specimens for the purposes of performing laboratory examinations or procedures.

This certificate shall be valid until the expiration date above, but is subject to revocation, suspension, limitation, or other sanctions for violation of the Act or the regulations promulgated thereunder.

CMS
CENTERS for MEDICARE & MEDICAID SERVICES

Judith A. Yost, Director
Division of Laboratory Services
Survey and Certification Group
Center for Medicaid and State Operations

If you currently hold a Certificate of Compliance or Certificate of Accreditation, below is a list of the laboratory specialties/subspecialties you are certified to perform and their effective date:

LAB CERTIFICATION (CODE)	EFFECTIVE DATE	LAB CERTIFICATION (CODE)	EFFECTIVE DATE
TOXICOLOGY (340)	01/03/2006		

FOR MORE INFORMATION ABOUT CLIA, VISIT OUR WEBSITE AT WWW.CMS.HHS.GOV/CLIA
OR CONTACT YOUR LOCAL STATE AGENCY. PLEASE SEE THE REVERSE FOR
YOUR STATE AGENCY'S ADDRESS AND PHONE NUMBER.
PLEASE CONTACT YOUR STATE AGENCY FOR ANY CHANGES TO YOUR CURRENT CERTIFICATE.

Laboratory Corporation of America Holdings, 7207 N. Gessner Road, Houston, TX 77040, 713–856–8288/800–800–2387

Laboratory Corporation of America Holdings, 69 First Ave., Raritan, NJ 08869, 908–526–2400/800–437–4986, (Formerly: Roche Biomedical Laboratories, Inc.)

Laboratory Corporation of America Holdings, 1904 Alexander Drive, Research Triangle Park, NC 27709, 919–572–6900/800–833–3984, (Formerly: LabCorp Occupational Testing Services, Inc., CompuChem Laboratories, Inc.; CompuChem Laboratories, Inc., A Subsidiary of Roche Biomedical Laboratory; Roche CompuChem Laboratories, Inc., A Member of the Roche Group)

Laboratory Corporation of America Holdings, 10788 Roselle St., San Diego, CA 92121, 800–882–7272, (Formerly: Poisonlab, Inc.)

Laboratory Corporation of America Holdings, 550 17th Ave., Suite 300, Seattle, WA 98122, 206–923–7020/800–898–0180, (Formerly: DrugProof, Division of Dynacare/Laboratory of Pathology, LLC; Laboratory of Pathology of Seattle, Inc.; DrugProof, Division of Laboratory of Pathology of Seattle, Inc.)

Laboratory Corporation of America Holdings, 1120 Main Street, Southaven, MS 38671, 866–827–8042/800–233–6339, (Formerly: LabCorp Occupational Testing Services, Inc.; MedExpress/National Laboratory Center)

Marshfield Laboratories, Forensic Toxicology Laboratory, 1000 North Oak Ave., Marshfield, WI 54449, 715–389–3734/800–331–3734.

MAXXAM Analytics Inc.*, 6740 Campobello Road, Mississauga, Ontario, Canada L5N 2L8, 905–817–5700, (Formerly: NOVAMANN (Ontario), Inc.)

MedTox Laboratories, Inc., 402 W. County Road D, St. Paul, MN 55112, 651–636–7466/800–832–3244

MetroLab-Legacy Laboratory Services, 1225 NE 2nd Ave., Portland, OR 97232, 503–413–5295/800–950–5295

Minneapolis Veterans Affairs Medical Center, Forensic Toxicology Laboratory, 1 Veterans Drive, Minneapolis, MN 55417, 612–725–2088

National Toxicology Laboratories, Inc., 1100 California Ave., Bakersfield, CA 93304, 661–322–4250/800–350–3515

One Source Toxicology Laboratory, Inc., 1213 Genoa-Red Bluff, Pasadena, TX 77504, 888–747–3774, (Formerly: University of Texas Medical Branch, Clinical Chemistry Division; UTMB Pathology-Toxicology Laboratory)

Oregon Medical Laboratories, 123 International Way, Springfield, OR 97477, 541–341–8092

Pacific Toxicology Laboratories, 9348 DeSoto Ave., Chatsworth, CA 91311, 800–328–6942, (Formerly: Centinela Hospital Airport Toxicology Laboratory)

Pathology Associates Medical Laboratories, 110 West Cliff Dr., Spokane, WA 99204, 509–755–8991/800–541–7897 x7

Physicians Reference Laboratory, 7800 West 110th St., Overland Park, KS 66210, 913–339–0372/800–821–3627

Quest Diagnostics Incorporated, 3175 Presidential Dr., Atlanta, GA 30340, 770–452–1590/800–729–6432, (Formerly: SmithKline Beecham Clinical Laboratories; SmithKline Bio-Science Laboratories)

Quest Diagnostics Incorporated, 4770 Regent Blvd., Irving, TX 75063, 800–824–6152, (Moved from the Dallas location on 03/31/01; Formerly: SmithKline Beecham Clinical Laboratories; SmithKline Bio-Science Laboratories)

Quest Diagnostics Incorporated, 4230 South Burnham Ave., Suite 250, Las Vegas, NV 89119–5412, 702–733–7866/800–433–2750, (Formerly: Associated Pathologists Laboratories, Inc.)

Quest Diagnostics Incorporated, 10101 Renner Blvd., Lenexa, KS 66219, 913–888–3927/800–873–8845, (Formerly: LabOne, Inc.; Center for Laboratory Services, a Division of LabOne, Inc.)

Quest Diagnostics Incorporated, 400 Egypt Road, Norristown, PA 19403, 610–631–4600/877–642–2216, (Formerly: SmithKline Beecham Clinical Laboratories; SmithKline Bio-Science Laboratories)

Quest Diagnostics Incorporated, 506 E. State Pkwy., Schaumburg, IL 60173, 800–669–6995/847–885–2010, ormerly: SmithKline Beecham Clinical Laboratories; International Toxicology Laboratories)

Quest Diagnostics Incorporated, 7600 Tyrone Ave., Van Nuys, CA 91405, 818–989–2520/800–877–2520, (Formerly: SmithKline Beecham Clinical Laboratories)

Quest Diagnostics Incorporated, 2282 South Presidents Drive, Suite C, West Valley City, UT 84120, 801–606–6301/800–322–3361, (Formerly: Northwest Toxicology, a LabOne Company; LabOne, Inc., dba Northwest Toxicology; NWT Drug Testing, NorthWest Toxicology, Inc.; Northwest Drug Testing, a division of NWT Inc.)

S.E.D. Medical Laboratories, 5601 Office Blvd., Albuquerque, NM 87109, 505–727–6300/800–999–5227

South Bend Medical Foundation, Inc., 530 N. Lafayette Blvd., South Bend, IN 46601, 574–234–4176 x276

Southwest Laboratories, 4645 E. Cotton Center Boulevard, Suite 177, Phoenix, AZ 85040, 602–438–8507/800–279–0027

Sparrow Health System, Toxicology Testing Center, St. Lawrence Campus, 1210 W. Saginaw, Lansing, MI 48915, 517–364–7400, (Formerly: St. Lawrence Hospital & Healthcare System)

St. Anthony Hospital Toxicology Laboratory, 1000 N. Lee St., Oklahoma City, OK 73101, 405–272–7052

Toxicology & Drug Monitoring Laboratory, University of Missouri Hospital & Clinics, 301 Business Loop 70 West, Suite 208, Columbia, MO 65203, 573–882–1273

Toxicology Testing Service, Inc., 5426 N.W. 79th Ave., Miami, FL 33166, 305–593–2260

U.S. Army Forensic Toxicology Drug Testing Laboratory, 2490 Wilson St., Fort George G. Meade, MD 20755–5235, 301–677–7085

* The Standards Council of Canada (SCC) voted to end its Laboratory Accreditation Program for Substance Abuse (LAPSA) effective May 12, 1998. Laboratories certified through that program were accredited to conduct forensic urine drug testing as required by U.S. Department of Transportation (DOT) regulations. As of that date, the certification of those accredited Canadian laboratories will continue under DOT authority. The responsibility for conducting quarterly performance testing plus periodic on-site inspections of those LAPSA-accredited laboratories was transferred to the U.S. HHS, with the HHS' NLCP contractor continuing to have an active role in the performance testing and laboratory inspection processes. Other Canadian laboratories wishing to be considered for the NLCP may apply directly to the NLCP contractor just as U.S. laboratories do.

Upon finding a Canadian laboratory to be qualified, HHS will recommend that DOT certify the laboratory (Federal Register, July 16, 1996) as meeting the minimum standards of the Mandatory Guidelines published in the Federal Register on April 13, 2004 (69 FR 19644). After receiving DOT certification, the laboratory will be included in the monthly list of HHS-certified laboratories and participate in the NLCP certification maintenance program.

** The following laboratory had its suspension lifted on February 17, 2006: Kroll Laboratory Specialists, Inc., 1111 Newton St., Gretna, LA 70053.

Anna Marsh,

Director, Office Program Services, SAMHSA.

[FR Doc. 06–2175 Filed 3–6–06; 8:45 am]

BILLING CODE 4160–20–P

DEPARTMENT OF HOMELAND SECURITY

Coast Guard

[USCG–2006–24047]

Collection of Information Under Review by Office of Management and Budget: OMB Control Number 1625–0046

AGENCY: Coast Guard, DHS.

ACTION: Request for comments.

SUMMARY: In compliance with the Paperwork Reduction Act of 1995, the U.S. Coast Guard intends to seek the approval of OMB for the renewal of one Information Collection Request (ICR). The ICR is 1625–0046, Financial Responsibility for Water Pollution (Vessels). Before submitting the ICR to OMB, the Coast Guard is inviting comments on it as described below.

DATES: Comments must reach the Coast Guard on or before May 8, 2006.

ADDRESSES: To make sure that your comments and related material do not enter the docket [USCG–2006–24047] more than once, please submit them by only one of the following means:

(1) By mail to the Docket Management Facility, U.S. Department of Transportation (DOT), room PL–401, 400 Seventh Street, SW., Washington, DC 20590–0001.

CERTIFICATE #: 206

LICENSE #: 5

State of Florida

AGENCY FOR HEALTH CARE ADMINISTRATION

DIVISION OF HEALTH QUALITY ASSURANCE

FORENSIC TOXICOLOGY LABORATORY

This is to confirm that LABORATORY CORPORATION OF AMERICA has complied with the applicable portions of s. 112.0455, laws of the State of Florida and with 59A-24, Rules of the State of Florida and is authorized to operate the following:

LABORATORY CORPORATION OF AMERICA HOLDINGS
1904 ALEXANDER DR
RESEARCH TRIANGLE PK, NC 27709

using the following specimen types: Blood, Urine

EFFECTIVE DATE 10/01/2005

EXPIRATION DATE: 09/30/2006

Elizabeth Dudek

Deputy Secretary, Division of Health Quality Assurance

LINDA LINGLE
GOVERNOR OF HAWAII

CHIYOME L. FUKINO, M.D.
DIRECTOR OF HEALTH

STATE OF HAWAII
DEPARTMENT OF HEALTH
STATE LABORATORIES DIVISION
2725 WAIMANO HOME ROAD
PEARL CITY, HAWAII 96782-1496

In reply, please refer to:
File: SLD/ADMIN-SAT

June 26, 2006

William R. Lynn, Ph.D.
Laboratory Corporation of America Holdings
1904 Alexander Drive
Research Triangle Park, North Carolina 27709

Dear Dr. Lynn:

I am pleased to inform you that Laboratory Corporation of America Holdings, located at 1904 Alexander Drive, Research Triangle Park, North Carolina 27709, is approved to do the following substance abuse testing of samples from the State of Hawaii:

1. Screening: Marijuana, Cocaine, Amphetamines, Opiates, Phencyclidine, Barbiturates, Methaqualone, Benzodiazepines, Propoxyphene, and Methadone.

2. Confirmation: Marijuana, Cocaine, Amphetamines, Opiates, Phencyclidine, Barbiturates, Methaqualone, Benzodiazepines, Propoxyphene, Methadone, and Alcohol.

The effective date is July 1, 2006, and the approval is valid until June 30, 2007, subject to the following stipulations:

1. Your laboratory remains certified by SAMHSA, U.S. Department of Health and Human Services;

2. Your laboratory uses the same methodologies for samples from Hawaii, as used for SAMHSA samples; and,

3. Your laboratory follows Hawaii Administrative Rules 11-113, "Substance Abuse Testing" for testing samples from Hawaii, including the listed cut-off levels.

Sincerely,

A. Christian Whelen

A. CHRISTIAN WHELEN, Ph.D.
for DIRECTOR OF HEALTH

Maine Health and Human Services
Public Health
Health and Environmental Testing Laboratory
12 State House Station
Augusta, Maine 04333-0012

John Elias Baldacci, Governor
John R. Nicholas, Commissioner

March 23, 2006

William R. Lynn, Ph.D.
Laboratory Corporation of America Holdings
1904 Alexander Drive
PO Box 12652
Research Triangle Park, North Carolina 27709

Dear Dr. Lynn:

I am pleased to report to you that, Laboratory Corporation of America Holdings, has been relicensed by the Maine Department of Human Services as a **Substance Abuse Testing Laboratory** effective 01/10/06. This license qualifies Laboratory Corporation of America Holdings to perform workplace substance of abuse testing under the provisions of Title 26, MRSA, sub-chapter III-A.

This license is subject to renewal annually, and is subject to satisfactory performance in proficiency testing as defined in regulations under the above mentioned law. Certified copies of the proficiency test reports must be filed with this office within ten days of receipt. This department must also be notified of any changes in personnel, particularly the Director and Certifying Officer(s).

Under such time as a license form is printed and issued to you, this letter will serve to demonstrate your status under Maine law.

Please feel free to contact this office should you have any questions.

Sincerely,

John A. Krueger
Chief, Lab Operations
Health & Environmental Testing Laboratory

License # SA002

Cc Christopher P. Montagna
Labor Standards

Health and Environmental Testing Laboratory
Forensic Chemistry Section
221 State Street, SHS #12
Augusta, Maine 04333-0012

Tel: (207) 287-1712
Fax: (207) 287-4525
TTY: (207)287-4479

CONTROLLED SUBSTANCE REGISTRATION CERTIFICATE
UNITED STATES DEPARTMENT OF JUSTICE
DRUG ENFORCEMENT ADMINISTRATION
WASHINGTON, D.C. 20537

DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID
RC0214510	08-31-2006	PAID

SCHEDULES	BUSINESS ACTIVITY	ISSUE DATE
I,2, 3,3N,4,5	ANALYTICAL LAB	08-18-2005

LABORATORY CORPORATION
OF AMERICA HOLDINGS
WILLIAM LYNN, LAB DIRECTOR
1904 ALEXANDER DRIVE
RESEARCH TRIAN PARK NC 27709-0000

Sections 304 and 1008 (21 U.S.C. 824 and 958) of the Controlled Substances Act of 1970, as amended, provide that the Attorney General may revoke or suspend a registration to manufacture, distribute, dispense, import or export a controlled substance.

THIS CERTIFICATE IS NOT TRANSFERABLE ON CHANGE OF OWNERSHIP, CONTROL, LOCATION, OR BUSINESS ACTIVITY, AND IT IS NOT VALID AFTER THE EXPIRATION DATE.

MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE
OFFICE OF HEALTH CARE QUALITY

SPRING GROVE CENTER
BLAND BRYANT BUILDING
55 WADE AVENUE
CATONSVILLE, MD 21228-4663

MEDICAL LABORATORY PERMIT

NUMBER: 444 EFFECTIVE PERIOD: 07/01/2006 - 06/30/2008

Pursuant to the provisions of TITLE 17, subtitle 2, Health-General Article § 17-201 et seq., Annotated Code of Maryland, this permit is issued to:

LABORATORY CORPORATION OF AMERICA
1904 Alexander Drive
RESEARCH TRIANGLE PA, NC 27709

Director: Dr. WILLIAM LYNN
Owner: LABORATORY CORPORATION OF AMERICA HOLDINGS

For the performance of Medical Laboratory Tests in the following disciplines:

Forensic Toxicology - Job Related Testi
Blood Drug Confirmation by GC/MS; GC/MS/MS; OR MS/MS, Blood Drug Screen - Single Use Test Device
Hair Drug Confirmation by GC/MS; GC/MS/MS; OR MS/MS, Hair Drug Screen - Single Use Test Device
Urine Drug Confirmation by GC/MS; GC/MS/MS; OR MS/MS, Urine Drug Screen - Single Use Test Device
Chemistry
Toxicology - Drug of Abuse Level

CONTROL: 14168

Director

Falsification of a license shall subject the perpetrator to criminal prosecution and the imposition of civil fines.

New York State Department of Health

Certificate of Qualification

CQ Code: LYNNWI

William R. Lynn, Ph.D.
4705 Studbury Hall Court
Wake Forest, NC 27587

has qualified to act as a Laboratory Director in the following categories in accordance with Article 5, Title V, Section 573 of the Public Health Law:

Clinical Toxicology *Forensic Toxicology* *Ther. Sub. Mon./Quant. Tox.*

Renewal

Effective Date: June 2, 2005
Expiration Date: June 2, 2007

Subject to Revocation
Certificate Not Transferable

POST CONSPICUOUSLY

Serial: CQF 27153

STATE OF OKLAHOMA

Oklahoma State Department of Health

This is to Certify that

Laboratory Corporation of America

Is Hereby Licensed to Conduct and Maintain a

Workplace Drug and Alcohol Testing Facility

Under the Name of

Laboratory Corporation of America

Located at

1904 Alexander Drive
Research Triangle Park, NC 27709

Effective Date: 05/01/2006

Expiration Date: 04/30/2007

This license is issued pursuant to the provisions of the Oklahoma Statutes and of the rules and regulations adopted by the State Board of Health. It is issued only for the premises named above and is not transferable or assignable.

License No. 8031

Licensure Official

James M. Crutcher, M.D., M.P.H.
Commissioner of Health and
State Health Officer

THIS LICENSE MUST BE POSTED IN A CONSPICUOUS PLACE

007388

CLINICAL LABORATORY PERMIT

DEPARTMENT OF HEALTH

Pursuant to the act of September 26, 1951, P.L. 1539 as amended, a Permit to operate a Clinical Laboratory is hereby granted to:

Laboratory Identification Number: 020512

Name and Director of Laboratory

LABCORP OCCUPATIONAL TESTING SER
WILLIAM RANDALL LYNN PHD
1904 ALEXANDER DRIVE
PO BOX 12652
RESRCH TRNGL PARK NC 27709

Owner

LAB CORP OF AMERICA HOLDINGS

Issued this 15 day of AUGUST 2005

This permit is subject to revocation, suspension, or limitation for violation of the Act or the Regulations promulgated thereunder.

DATE EXPIRES: 15 AUGUST 2006

AUTHORIZED CATEGORIES

CLINICAL CHEMISTRY
- INCLUDING TOXICOLOGY
  - DRUGS BLOOD AND/OR SERUM
    - DRUGS BLOOD SCREENING
    - DRUGS SERUM SCREENING
    - DRUGS BLOOD CONFIRMATORY
    - DRUGS SERUM CONFIRMATORY
  - DRUGS URINE
    - DRUGS URINE SCREENING
    - DRUGS URINE CONFIRMATORY

Michelle S. Davis
Deputy Secretary for Health Planning and Assessment

Calvin B. Johnson, M.D., M.P.H
Secretary of Health

DISPLAY THIS CERTIFICATE PROMINENTLY

State of Rhode Island and Providence Plantations
DEPARTMENT OF HEALTH
OFFICE OF FACILITIES REGULATION

This is to certify that LABCORP OCCUPATIONAL TESTING SERVICES INC
1904 ALEXANDER DRIVE RESEARCH TRIANGLE PARK NC 27709
License Number: LCO00246

is hereby authorized to conduct and maintain an Out of State Clinical Laboratory in conformity with RIGL C23-16.2 and the standards, rules and regulations prescribed thereunder. This license is subject to biennial renewal unless sooner suspended or revoked for cause. The name on this license is the common name under which the licensee does business and may not reflect the legal license holder. Please call (401) 222-2566 for more information.

APPROVED SPECIALTY (IES)

CHEMISTRY,Toxicology,

Ray Rusin
Chief, Office of Facilities Regulation

Expires: 12/30/2007

David R. Gifford, MD, MPH
Director of Health

Issued: 07/01/1999

State of Vermont Department of Health

The Vermont Department of Health has designated

Laboratory Corporation of America

to analyze the body fluids or materials listed below for drugs, in accordance with 21 V.S.A. Chapter 5, Subchapter 11, § 514-16, 518, 520, for a period of one year from the date shown below.

‹‹ Urine ››

Paul E Jarris, MS
Commissioner of Health

January 1, 2006
Date of Approval

Mary Gelfand
Laboratory Director

Neelu Bera
State Toxicologist

Urine Specimen Collection Guidelines

United States
Department of Transportation

Office of Drug and Alcohol Policy and Compliance

August 2001

Version 1.01

DOT Urine Specimen Collection Guidelines for the U.S. Department of Transportation Workplace Drug Testing Programs (49 CFR Part 40)

These guidelines apply only to employers and individuals who come under the regulatory authority of the U.S. Department of Transportation (DOT) and those individuals who conduct urine specimen collections under DOT regulations. The term "employee" is used throughout this document and has the same meaning as "donor" as used on the Federal Drug Testing Custody and Control Form (CCF).

These guidelines are a complete revision of the December 1994 (revised in October 1999) DOT Urine Specimen Collection Procedures Guidelines, 49 CFR Part 40, for Transportation Workplace Drug Testing Programs. These guidelines contain all of the new requirements and procedures contained in the DOT rule published in the *Federal Register* on December 19, 2000, effective August 1, 2001, and in the Technical Amendments, published on August 9, 2001. It contains minimal graphics and formatting to ease transmission and downloading of the document from the Internet. All previous amendments and interpretations are superseded and no longer in effect.

Note: All DOT-required collections are conducted using split specimen procedures. There are no exceptions to this requirement.

Note: If an alcohol test is also required, the alcohol test should be conducted first, if practicable.

This document may be updated or modified based on additional interpretations or other procedural changes. Collectors and service agents should check the DOT web site periodically to ensure that they have the latest version (www.dot.gov/ost/dapc/).

August 2001, Version 1.01

Previous editions are obsolete

INTRODUCTION

The Department of Transportation's (DOT) operating administrations (Federal Aviation Administration, Federal Motor Carrier Safety Administration, Federal Railroad Administration, Federal Transit Administration, Research and Special Programs Administration, and the United States Coast Guard) have issued regulations requiring anti-drug programs in the aviation, highway, railroad, mass transit, pipeline, and maritime industries. The DOT operating administrations' rules require that employers conduct drug testing according to provisions of 49 CFR Part 40, "Procedures for Transportation Workplace Drug Testing Programs," Final Rule, published in the Federal Register on December 19, 2000 (65 FR 79462), effective August 1, 2001, together with subsequent technical amendments. Previously published rules, amendments, interpretations, and guidelines are no longer in effect.

The procedures for collection of urine under these rules are very specific and must be followed whenever a DOT-required urine specimen collection is performed. (The only exception is the Federal Railroad Administration's Post-Accident Toxicological Testing Program in which a railroad representative will provide the collector specific instructions and a testing kit.) These procedures, including use of the Federal Drug Testing Custody and Control Form (CCF), apply only to DOT-required testing. While employers may use these collection and testing procedures for testing under employer or state authority, they must not use a Federal CCF nor can they imply that company tests are conducted using DOT authority.

The collector has a major role in the success of the DOT's drug testing program. The collector is the one individual in the testing process with whom all employees have direct, face-to-face contact. Without the collector assuring the integrity of the specimen and collection process, the test itself may lose validity. Without the collector's sensitivity to an employee's privacy, the entire testing program may be subject to criticism. It is imperative that collectors fully understand and follow these procedures. These guidelines, together with 49 CFR Part 40 and the DOT operating administrations' rules, will provide collectors with the information needed in the performance of their collection duties.

The information in this document addresses normal collection procedures and some of the more common problems or situations encountered. However, information contained in this publication should not be used to interpret the legal requirements of the actual rule.

TABLE OF CONTENTS

SECTION 1. COLLECTOR

Part 40 defines a collector as a trained person who instructs and assists employees at a collection site, who receives and makes an initial inspection of the urine specimen provided by those employees, and who initiates and completes the Federal Drug Testing Custody and Control Form (CCF).

> Note: DOT does not require or provide collector certification. Collectors need to have documentation reflecting that they have met appropriate training requirements.

Any individual, who has received training specified in 49 CFR Part 40 (40.33) for conducting the required collection procedure, may serve as a collector except in the following situations:

> 1. The immediate supervisor of a particular employee may not act as the collector when that employee is tested, unless no other collector is available and the supervisor is permitted to do so under a DOT operating administration's drug and alcohol regulation. (The immediate supervisor may act as a monitor or observer (same gender) if there is no alternate method at the collection site to conduct a monitored or observed collection.);
>
> 2. An employee who is in a safety-sensitive position and subject to the DOT drug testing rules should not be a collector, an observer, or a monitor for co-workers who are in the same testing pool or who work together with that employee on a

daily basis. This is to preclude any potential appearance of collusion or impropriety;

3. An individual working for an HHS-certified drug testing laboratory (e.g., as a technician or accessioner) may not act as a collector if that individual can link the employee with the specimen drug test result or laboratory report; and,

4. The employee may not be the collector of his or her own urine specimen.

Note: To avoid a potential conflict of interest, a collector should not be someone that is related to the employee (e.g., spouse, ex-spouse, relative) or a close personal friend (e.g., fiancée).

A collector should have appropriate identification, which includes the collector's name and the name of the Collection Company or clinic. The collector is required to provide his or her identification if requested by the employee. There is no requirement for the collector to have a picture I.D. or to provide his or her driver's license with an address or telephone number. Also, the collector is not required to provide any certification or other documentation to the employee documenting the collector's training. However, the collector must provide this documentation on request to DOT agency representatives and to employers and service agents (SA) or Consortia/Third Party Administrators (C/TPAs) who are using or negotiating to use that collector's services.

As the collector, you must have the name and telephone number of the appropriate Designated Employee Representative (DER) and of the SA or C/TPA, where applicable, to contact about any problems or issues that may arise during the collection process.

SECTION 2. COLLECTION SITE

A collection site is a place (permanent or temporary) selected by the employer where employees present themselves for the purpose of providing a urine specimen for a DOT-required drug test.

Generally, there are two types of collection facilities:

1. A single-toilet restroom, with a full-length privacy door, or

2. A multi-stall restroom, with partial-length doors.

A collection site must have:

1. A restroom or stall with a toilet for the employee to have privacy while providing the urine specimen. Whenever available, a single toilet restroom, with a full-length privacy door, is preferred. All types of restrooms including a mobile facility (e.g., a vehicle with an enclosed toilet) are acceptable.

2. A source of water for washing hands that, if practical, is external to the restroom where urination occurs. If the only source of water available is inside the restroom, the employee may wash his or her hands, and then the collector must secure (e.g., use tamper-evident tape, cut off the water supply) the water source before the collection takes place. If water is not available at the collection site, the collector may provide moist towelettes outside the restroom.

3. A suitable clean surface for the collector to use as a work area and for completing the required paper work.

A second type of facility for urination, which can be used as a collection site, is a multi-stall restroom. Such a site must provide substantial visual privacy (e.g., a toilet stall with a partial-length door) and meet all other requirements listed above (2 and 3). Additionally, if a multi-stall restroom is used, the collector must either:

1. Secure all sources of water and other substances that could be used for adulteration and substitution (e.g., water faucets, soap dispensers) and place bluing agent in all toilets or secure the toilets to prevent access; or

2. Conduct all collections as monitored collections (See Section 9).

No one but the employee may be present in the multi-stall restroom during the collection, except the monitor in the event of a monitored collection or the observer in the event of a directly observed collection.

Note: The collector's work area may be located outside the restroom. However, if there is no appropriate space available outside the restroom to serve as a secure, clean work area and the restroom is either a multi-stall facility or a single stall facility with a partial door for privacy, and is large enough to accommodate a work area, the collector may locate the work area inside the restroom as long as all procedures for a monitored collection are met.

All collection sites must meet the following security requirements by having:

1. Procedures or restrictions to prevent unauthorized access to the site during the collection;

2. Procedures to prevent the employee or anyone else from gaining unauthorized access to the collection materials/supplies. The collector must also ensure that the employee does not have access to items that could be used to adulterate or dilute the specimen (e.g., soap, disinfectants, cleaning agents, water);

3. Procedures to ensure that all authorized persons are under the supervision of a collector or appropriate site personnel at all times when permitted into the site; and,

4. Procedures to provide for the secure handling and storage of specimens.

Note: The testing site is that portion of the facility where the collector performs the paper work, seals the specimens, and where urination occurs. It does not necessarily include the total physical facility (e.g., clinic). Additionally, unauthorized personnel are any individuals that are not specifically authorized by the regulation, the collector, or employer to be present at the collection site.

SECTION 3. COLLECTION SUPPLIES

The following items must be available at the collection site in order to conduct proper collections:

1. For each DOT drug test, a collection kit meeting the requirements listed at Appendix A of these guidelines.

2. Federal Drug Testing Custody and Control Forms (CCF).

3. Bluing (coloring) agent to add to the toilet bowl/water tank to prevent an employee from diluting the specimen.

4. Single use disposable gloves are recommended for use by collectors while handling specimens.

5. The collector should have available tamper-evident tape for securing faucets, toilet tank tops, and other appropriate areas, and signs, when necessary, that can be posted to prevent entry into collection areas.

SECTION 4. FEDERAL DRUG TESTING CUSTODY AND CONTROL FORM

The Federal Drug Testing Custody and Control Form (CCF OMB No. 0930-0158, Exp. Date: 6/30/2003) must be used to document every urine collection required by the DOT drug testing program. The CCF must be a five-part carbonless manifold form. This form may be viewed on the DOT web site (http://www.dot.gov/ost/dapc/) or the Department of Health and Human Services (HHS) web site http://workplace.samhsa.gov/. CCFs are also available from a number of different sources (e.g., laboratories, service agents) although they are usually part of the urine collection kits provided by a laboratory.

The CCF consists of the following five copies:

Copy 1.	Laboratory Copy - accompanies the specimen to the laboratory
Copy 2.	Medical Review Officer Copy - sent to the MRO
Copy 3.	Collector Copy - retained by the collector
Copy 4.	Employer Copy - sent to the employer
Copy 5.	Employee Copy - given to the employee

The CCF is completed as follows:

Step 1 (Copy 1). This step is completed by the collector or employer representative prior to the employee providing a urine specimen. The employer and MRO names, addresses, and telephone and fax numbers may be preprinted or handwritten. If the employer has designated a service agent to receive the results from the MRO, the employer's address may be omitted and the service agent's address may be used. However, in all cases, the specific employer's name, telephone and fax numbers must be included. A clinic or collection site name may not be used in lieu of an employer name. The collector enters the employee's social security number or employee's ID number after verifying the employee's identity. The collector also marks the appropriate box to indicate the reason for the test and the appropriate box for the type of drug tests to be performed (all DOT drug tests are for five drugs). The collector then enters the information required for the collection site (this information may also be preprinted). The collector's telephone number is critical, since the laboratory or the MRO may need to contact the collector if they have questions related to a collection.

Step 2 (Copy 1). This step is completed by the collector after receiving the specimen from the employee and observing the temperature of the specimen. This step requires the collector to mark the appropriate box to indicate if the temperature of the specimen was within the required temperature range. This step also requires the collector to indicate whether it is a split specimen or single specimen collection, to indicate if no specimen was collected and why, or to indicate if it was an observed collection and why.

> Note: All DOT collections are split specimen collections and should never have the single specimen collection box checked.

Step 3 (Copy 1). This step instructs the collector to seal and date the specimen bottles, have the employee initial the bottle seals after placing them on the bottles, and then instruct the employee to complete step 5 on the MRO copy (Copy 2).

Step 5 (Copy 2; note this differs from the other steps in that the collector turns to Copy 2 for the employee to fill out and then turns back to Copy 1). This step is completed by the employee (listed as donor on the CCF). The employee reads the certification statement, prints his or her name, provides date of birth, daytime and evening telephone numbers, date of collection, and signs the form. After the employee completes this portion of the CCF, the collector reviews it to ensure that all the required information was provided.

Step 4 (Copy 1). This step is initiated by the collector and then completed by the laboratory after the laboratory accessions the specimen. This step requires the collector to sign the form to certify that the specimen was collected, labeled, sealed, and released for shipment to the laboratory in accordance with Federal requirements. The collector is also required to note the time of the collection, the date of collection, and the specific name of the delivery service to whom the specimen is released for shipment to the laboratory.

Note: There is no requirement for couriers, express carriers, or postal service personnel to add additional documentation to the chain of custody for the specimens during transit because they do not have direct access to the specimens or the CCF. Chain of custody annotations resume when the shipping container/package is opened and accessioned at the laboratory.

Step 5(a) (Copy 1). This step is completed by the laboratory to report the test result of the primary specimen.

Step 5(b) (Copy 1). This step is completed by the laboratory to report the test result of the split specimen if the split specimen is tested.

Step 6 (Copy 2). This step is completed by the MRO in reporting the results of the primary specimen to the employer.

Step 7 (Copy 2). This step is completed by the MRO in reporting the results of the split specimen to the employer.

The bottom area of Copy 1 is reserved for the tamper-evident specimen bottle seals/labels. There must be two seals/labels (i.e., one marked with the letter "A" to designate the primary specimen and the other marked with the letter "B" to designate the split specimen) to accommodate collecting split specimens. Each seal/label must have the same preprinted specimen identification number that appears at the top of the CCF. Each seal/label must also have a place for the collector to annotate the date of the collection and a place for the employee to initial each seal/label after it is placed on the specimen bottle.

Note: No one (including collection site personnel or the collector) is permitted to require an employee to sign a consent, release, or waiver of liability, or indemnification agreement with respect to any part of the drug testing process. Collection sites (clinics) may not use "generic" consent forms for DOT-required urine specimen collections, even if their clinic policy requires consent from the general patient population.

SECTION 5. EMPLOYEE IDENTIFICATION

The employee must provide appropriate identification to the collector upon arrival at the collection site. Acceptable forms of identification include:

1. A photo identification (e.g., drivers license, employee badge issued by the employer, or any other picture identification issued by a Federal, state, or local government agency), or

2. Identification by an employer or employer representative, or

3. Any other identification allowed under an operating administration's rules.

Unacceptable forms of identification include:

1. Identification by a co-worker,

2. Identification by another safety-sensitive employee,

3. Use of a single non-photo identification card (e.g., social security card, credit card, union or other membership cards, pay vouchers, voter registration card), or

4. Faxed or photocopies of identification document.

Note: If the employee cannot produce positive identification, the collector must contact a DER to verify the identity of the employee. The collection should not proceed until positive identification is obtained. However, if an owner/operator or other self-employed individual does not have proper identification, the collector should record in the remarks section that positive identification is not available. The owner/operator must be asked to provide two items of identification bearing his/her signature. The collector then proceeds with the collection. When the owner/operator signs the certification statement, the collector compares the signature on the CCF with signatures on the identification presented. If the signatures appear consistent, the collection process continues. If the signature does not match signatures on the identification presented, the collector makes an additional note in remarks section stating "signature identification is unconfirmed."

SECTION 6. COLLECTION PROCEDURES

The collector must do the following before each collection to deter potential tampering, adulteration, alteration, or substitution of the specimens:

1. Secure any water sources or otherwise make them unavailable to employees (e.g., turn off water inlet, tape handles to prevent opening faucets);

2. Ensure that the water in the toilet and tank (if applicable) has bluing (coloring) agent in it. Tape or otherwise secure shut any movable toilet tank top, or put bluing in the tank;

3. Ensure that no soap, disinfectants, cleaning agents, or other possible adulterants are present;

4. Inspect the site to ensure that no foreign or unauthorized substances are present;

5. Ensure that undetected access (e.g., through a door not in your view) is not possible;

6. Secure areas and items (e.g., ledges, trash receptacles, paper towel holders, under-sink areas) that appear suitable for concealing contaminants; and

7. Recheck items (1) through (6) following each collection to ensure the site's continued integrity.

If the collection site uses a facility normally used for other purposes, such as a public restroom or hospital examining room, the collector must also ensure before the collection that:

1. Access to collection materials and specimens is effectively restricted; and

2. The facility is secured against access during the procedure to ensure privacy to the employee and prevent distraction of the collector. Limited-access signs must be posted.

To avoid distraction that could compromise security, the collector is limited to conducting a collection for only one employee at a time. However, during the 3 hour time period that an employee is consuming fluids (shy bladder), the collector may conduct a collection for another employee. In this case, the employee with the shy bladder must be properly monitored (see Section 7).

When a specific time for an employee's test has been scheduled, or the collection site is at the employee's work site, and the employee does not appear at the collection site at the scheduled time, the collector must contact the DER to determine the appropriate interval within which the DER has determined the employee is authorized to arrive. If the employee's arrival is delayed beyond that time, the collector must notify the DER that the employee has not reported for testing.

Note: For a pre-employment test, if an employee fails to appear, fails to provide a urine specimen, or fails to remain at the collection site, this is not considered a refusal provided the employee left the testing site or did not provide a specimen before the testing process commenced (i.e., the employee was given the collection kit or cup by the collector).

The following steps describe a typical urine collection conducted under the DOT-mandated procedures:

1. The collector prepares the collection site to collect urine specimens. All collection supplies must be available, the area properly secured, water sources secured, and bluing (coloring) agent placed in all toilets as specified in Sections 2 and 3 of these guidelines.

2. The collector begins the collection without delay after the employee arrives at the collection site. Do not wait because the employee is not ready or states he or she is unable to urinate. In most cases, employees who state they cannot provide a specimen will, in

fact, provide sufficient quantity to complete the testing process. (If an alcohol breath test is also scheduled, the alcohol test should be conducted first, if practicable.)

3. The collector requests the employee to present an acceptable form of identification. If the employee cannot produce positive identification, the collector must contact the DER to verify the identity of the employee (see Section 5). If the employee asks the collector to provide identification, the collector must show the employee some form of identification. It must include the collector's name and the employer's (or collection site) name. It does not have to be a picture identification or include the collector's home address or telephone number.

4. The collector explains the basic collection procedures to the employee and reviews the instructions on the back of the CCF with the employee.

5. The collector ensures that the required information is provided at the top of the CCF (the laboratory name and address and a pre-printed specimen ID number which matches the ID number on the specimen bottle seals). If the information is not already preprinted, the collector begins entering the required information in Step 1 of the CCF (employer's name, address, telephone and fax number, and I.D. number (if applicable); MRO name, address, telephone and fax number; employee SSN or employee ID number (refusal by the employee to provide a SSN is not a refusal to test, but requires the collector to annotate this in the remarks); reason for test; drug test to be performed; and collection site information).

> Note: Part 40 requires a specific MRO's name and address on the CCF rather than the name of the clinic or medical facility. An employer must provide to the collector the name and telephone number of the appropriate DER. This may be part of the CCF information that is pre-printed or may be under separate documentation. If there is no employer or DER telephone number on the CCF, the collector should write in the DER name and telephone number on the CCF (if this information is available) so that either the collector or the MRO may get in touch with a company representative when any problems arise related to that specimen.

6. The collector asks the employee to remove any unnecessary outer clothing (e.g., coat, jacket, hat, etc.) and to leave any briefcase, purse, or other personal belongings he or she is carrying with the outer clothing. The employee may retain his or her wallet. If the employee asks for a receipt for any belongings left with the collector, the collector must provide one.

> Note: To safeguard employee's belongings, procedures may be established where the belongings are locked (at the collection site or in the bathroom) or other alternate methods may be developed. For example, if an employee comes to the collection site with his or her medications and desires that the collector secure the medication, the collector may place the medication in a locked cabinet, if

available, or alternately, could seal the medication in an envelope, secure the envelope with tamper-evident tape and retain the envelope in a secure place.

Note: The collector may encourage the employee to also leave, with his or her other belongings, any other items that the employee will not need or may be prohibited from carrying into the restroom.

Note: The employee must not be asked to remove other articles of clothing, such as shirt, pants, dress, or under garments. Additionally, the employee must not be requested or required to remove all clothing in order to wear a hospital or examination gown. An exception may be made, if the employee is also undergoing a physical examination authorized by a DOT operating administration's rule, in conjunction with the drug test, which normally includes wearing a hospital gown. Work boots or cowboy boots do not have to be removed unless the collector has a reason to suspect that the employee has something in them, which may be used to adulterate or substitute a specimen. When an employee is asked to remove his or her hat or head covering, and refuses to do so based on religious practice, the collector may exempt the employee from removal of the head covering, unless the collector has an observable indicator that the employee is attempting to hide inside the head covering adulterants or other substances which may be used in an attempt to adulterate or substitute a specimen.

7. The collector directs the employee to empty his or her pockets and display the items to ensure that no items are present that could be used to adulterate the specimen. If nothing is there that can be used to adulterate a specimen, the employee places the items back into the pockets and the collection procedure continues. If the employee refuses to empty his or her pockets, this is considered a refusal to cooperate in the testing process.

Note: If an item is found that appears to have been brought to the collection site with the intent to adulterate the specimen, a directly observed collection procedure becomes a requirement. If the item appears to be inadvertently brought to the collection site, secure the item and continue with the normal collection procedure. For example, a bottle of eye drops may have been brought inadvertently and would have to be secured by the collector and the collection would proceed. However, a bottle of liquid or urine would suggest intent to tamper with the specimen and a directly observed collection would be required. Whatever the employee brings into the collection site, the collector should return it to the employee at the end of the collection. Items, such as suspected urine, plastic bags with fluid in them, artificial or mechanical objects for providing substituted urine, etc., should be fully described in an attached memorandum for record, copies of which should be sent to the MRO and the employer.

8. The collector instructs the employee to wash and dry his or her hands, under the collector's observation, and informs the employee not to wash his or her hands again until after the employee provides the specimen to the collector. The employee must not be

allowed any further access to water or other materials that could be used to put into the specimen.

> Note: The employee may use soap and, if practicable, it should be a liquid or cream. A solid bar of soap gives the employee the chance to conceal soap shavings under his or her fingernails and subsequently use them to attempt to adulterate the specimen.

9. The collector either gives the employee or allows the employee to select the collection kit or collection container (if it is separate from the kit) from the available supply. Either the collector or the employee, with both present, then unwraps or breaks the seal of the kit or collection container.

> Note: Even if the collection kit is sealed, the collection container must still be sealed or individually wrapped in a plastic bag or shrink wrapping; or must have a peelable, sealed lid or other easily visible tamper-evident system. Do not unwrap or break the seal on any specimen bottle at this time. Unwrap only the collection container.

> Note: Ensure the employee takes only the collection container into the room used for urination. The sealed specimen bottles remain with the collector.

10. The collector directs the employee to go into the room used for urination, provide a specimen of at least 45 mL, not to flush the toilet, and return with the specimen as soon as possible after completing the void. (In many restrooms, a toilet tank into which bluing agent may be placed is not accessible to the collector. When the employee flushes the toilet, he or she can use the clear (un-blued) water to potentially dilute the specimen. Inadvertently flushing the toilet does not automatically require any corrective action by the collector or a recollection. However, to guard against this action, the collector may want to place a card with instructions not to flush by the toilet handle or tape or otherwise secure the handle with tamper-evident tape.) The collector may set a reasonable time limit for the employee to be inside the bathroom and this time frame should be explained to the employee.

> Note: The collector should also tell the employee that the temperature of the specimen is a critical factor and that the employee should bring the specimen to the collector as soon as possible after urination. The collector should inform the employee that if it is longer than 4 minutes from the time the employee urinates into the container and the collector takes the specimen temperature, the potential exists that the specimen may be out of range and an observed collection may be required.

> Note: The collector should pay close attention to the employee during the entire collection process to note any conduct that clearly indicates an attempt to substitute or adulterate a specimen. If the collector detects such conduct, and the employee has already provided a specimen, the collection process for this

specimen is completed, and then the collector immediately begins a new collection under direct observation using a second CCF and a new kit. The collector then provides an appropriate comment on the "Remarks" line in Step 2 on the first CCF and second CCF indicating that this is the first of two or second of two (i.e., 1 of 2, 2 of 2) collections, the specimen ID numbers of the first and second CCF, the reason for the second collection, and that the second collection was under direct observation (check appropriate box in Step 2 of the CCF). This will ensure that the laboratory and the MRO know that two separate specimens are being submitted for testing; the first one possibly being adulterated or substituted. Additionally, the collector must inform the collection site supervisor and the DER that a collection took place under direct observation and the reason for having done so.

11. After the employee gives the specimen to the collector, the collector must check the temperature of the specimen, check the specimen volume, and inspect the specimen for adulteration or substitution. The collector should check the temperature of the specimen as soon as the employee hands over the specimen, but no later than four minutes after the employee comes out of the restroom. The acceptable temperature range is 32°-38°C/ 90°-100°F. Temperature is determined by reading the temperature strip originally affixed to or placed on the outside of the collection container. If the temperature is within the acceptable range, the "Yes" box is marked in Step 2 on the CCF and the collector proceeds with the collection procedure. (If the temperature is out of range, the collector marks the "No" box in Step 2 and initiates an observed collection.) The collector then checks to make sure that the specimen contains a sufficient amount of urine (a minimum of 45 mL for all DOT collections). If the volume is sufficient, the collector checks the box on the CCF (Step 2) indicating that this was a split specimen collection. (This may be done at the same time that the collector checks the temperature box.) The collector must inspect the specimen for unusual color, presence of foreign objects or material, or other signs of tampering or adulteration. If it is apparent from this inspection that the employee has adulterated or substituted the specimen (e.g., the specimen is blue, exhibits excessive foaming when shaken, has smell of bleach), a second collection using direct observation procedures must be conducted immediately. If the temperature is outside the acceptable range, the volume is less than 45 mL, or the specimen may have been adulterated, the collector follows procedures in Section 10. Problem Collections.

12. After the employee hands the collection container to the collector, the collector unwraps or opens the specimen bottles. (The employee may be permitted to do this, however, the recommended "best practice" is for the collector to perform this procedure.) Bottles may be shrink-wrapped or secured by other easily discernable tamper-evident methodology and may be wrapped separately or together.

Note: Both the collector and employee will maintain visual contact of the specimen to the greatest extent possible until the labels/seals are placed over the specimen bottle caps/lids. If practical, the collector may permit the employee to wash his or her hands right after the employee gives the collection container to the

collector (and the collector checked the temperature), provided the employee and the collector can still maintain visual control of the specimen collection container.

13. The collector, not the employee, then pours at least 30 mL of urine from the collection container into a specimen bottle and places the lid/cap on the bottle. This will be the primary specimen or "A" bottle. The collector, not the employee, then pours at least 15 mL into a second bottle and places the lid/cap on the bottle. This will be the "B" bottle used for the split specimen. (The collector may first pour the requisite amount of specimen into each bottle and then secure the lids/caps on each bottle.)

Note: The collector should not fill the primary or split specimen bottle up to the cap because a completely full bottle is more likely to leak in transit. Additionally, when a split specimen bottle is full and subsequently frozen, it may cause the bottle material to crack and then leak during transit as the specimen thaws.

14. The collector, not the employee, must then remove the tamper-evident seals from the CCF and place them on each bottle, ensuring that the seal labeled as "A" is placed on the primary bottle with at least 30 mL of urine and that the seal labeled as "B" is placed on the bottle with 15 mL of urine. The seal must be centered over the lid/cap and down the sides of the bottle to ensure that the lid/cap cannot be removed without destroying the seal. The collector, not the employee, writes the date on the seals. The employee is then requested to initial the seals. The employee must be present to observe the sealing of the specimen bottles. If the employee fails or refuses to initial the seals, the collector must note this in the "Remarks" line of the CCF and complete the collection process; this is not considered a refusal to test.

Note: The collector must not ask the employee to initial the labels/seals while they are still attached to the CCF; they must be initialed after they are placed on the bottles. The collector should also inform the employee to use care during the initialing process to avoid damaging the labels/seals.

Note: Occasionally, the tamper-evident label/seal provided with the CCF will not properly adhere to the specimen bottle because of environmental conditions (e.g., moisture, temperature, specimen bottle material) or may be damaged or broken during the collection process. When this occurs, the collector should use the following corrective procedures:

(a) If the seal is broken while being removed from the chain of custody form or during the application of the first seal on the primary bottle, the collector should transfer the information to a new CCF and use the seals from the second form.

(b) If one seal is already in place on a bottle and the second seal is broken while being removed from the CCF or is broken during application on the second bottle or while the employee is initialing either seal, the collector should initiate a new CCF and provide an appropriate comment on the

"Remarks" line in Step 5. The seals from the second CCF should be placed perpendicular to the original seals to avoid obscuring information on the original seals and must be initialed by the employee (both sets of employee initials should match). The collector should draw a line through the Specimen ID number and bar code (if present) on the original seals to ensure that the laboratory does not use that number for reporting the results. The collector should not pour the specimen into new bottles.

(c) In both cases, the collector should ensure that all copies of the original (first) chain of custody form are destroyed or disposed of properly (e.g., shredded, torn into pieces).

(d) If the collector inadvertently reverses the seals (i.e., places the "A" bottle seal on the split bottle and vise-versa) and the collector subsequently notices this, the collector should note this in the "Remarks" line and continue the collection process. Laboratories have procedures that permit them to "re-designate" the bottles.

Note: There is no corrective procedure available if the seal is broken after the employee leaves the collection site.

Note: Since the specimen bottle is now sealed with tamper-evident tape and does not have to be under the employee's direct observation, the employee is allowed to wash his or her hands if he or she desires to do so.

15. The collector directs the employee to read, sign, and date the certification statement, and provide date of birth, printed name, and day and evening contact telephone numbers in Step 5 of Copy 2 of the CCF.

Note: If the employee refuses to sign the form or provide date of birth, printed name, or telephone numbers, the collector must make a notation on the "Remarks" line to that effect and complete the collection. If the employee refuses to fill out any information, the collector must, as a minimum, print the employee's name in the appropriate place. This does not constitute a refusal to test.

16. The collector completes the collector's portion of the chain of custody on the CCF (Copy 1, Step 4) by printing his or her name (the name may be pre-printed), recording the date and time of the collection, signing where indicated, and entering the specific name of the delivery or courier service transferring the specimens to the laboratory.

17. The collector then ensures that all copies of the CCF are legible and complete. The collector removes Copy 5 from the CCF and gives it to the employee.

Note: At this time, the collector can suggest that the employee list any prescription and over-the-counter medications he or she may be taking on the employee's copy (Copy 5) of the CCF, but not on any other copy. This

information may help the employee remember what medications he or she may have taken if a positive result is reported by the laboratory to the MRO.

18. The collector places the specimen bottles and Copy 1 of the CCF inside the appropriate pouches of the leak-resistant plastic bag, and seals both pouches. If the employee has not had the opportunity to wash his or her hands, they may do so now. The collector then informs the employee that he or she may leave the collection site.

19. Any urine specimen left over in the collection container after both specimen bottles have been appropriately filled and sealed should be discarded at this time. Excess urine may be used to conduct clinical tests (e.g., protein, glucose) if the collection was conducted in conjunction with a physical examination required by a DOT operating administration's regulation. No further testing (e.g., adulteration testing, DNA, additional drugs) may be conducted on this excess urine and the employee has no right to demand that the excess urine be turned over to the employee.

20. The collector places the sealed plastic bag in an appropriate shipping container (e.g., box, express courier mailer) designed to minimize the possibility of damage during shipment. More than one sealed plastic bag can be placed into a single shipping container if there are multiple collections. The collector seals the shipping container as appropriate. If a laboratory courier hand-delivers the specimens from the collection site to the laboratory, the collector prepares the shipment as directed by the courier service. In this case, the plastic bag may not need to be placed into a shipping container, but still needs to be transported by the courier in a manner that protects the bottles from damage.

Note: If the laboratory courier does not hand-deliver the specimens to the laboratory, but subsequently places the specimens into a commercial delivery system, the specimens must be placed into a shipping container to minimize damage in transit.

21. The collector then sends Copy 2 of the CCF to the MRO and Copy 4 to the DER (or service agent if authorized by the employer). The collector must fax or otherwise transmit these copies to the MRO and DER within 24 hours or during the next business day and keep Copy 3 for at least 30 days, unless otherwise specified by applicable DOT operating administration's regulations.

Note: The MRO copy (Copy 2) may be faxed to the MRO's secure fax machine, it may be scanned and the image sent to the MRO's secure computer, or it may be mailed or sent by courier to the MRO. (It is recommended that the MRO copy be faxed, since it is critical for the MRO to have this document to expeditiously conduct the verification process.) In the case where the MRO copy (Copy 2) is faxed or the scanned image is sent securely to the MRO, the collector or the collection site should maintain the MRO copies together with the collector's copies for 30 days. Retention is in case the MRO's copy is lost in the mail or the faxed or scanned copy is not legible and another copy is required by the MRO. The transmission process must be coordinated between the collection site and the

MRO to ensure that transmission procedures meet the MRO's requirements (e.g., MROs must provide secure fax numbers to collection sites, some MROs may want hard copies mailed; others may want only faxed copies).

22. The collector or collection site must ensure that each specimen collected is shipped to a laboratory as quickly as possible, but in any case within 24 hours or during the next business day.

23. If the specimen will not be shipped immediately, the collector is responsible for ensuring its integrity and security. Specimens in plastic bags, which have not been placed into shipping containers or which are awaiting a laboratory courier, must be kept in a secure location. The specimens need not be under lock and key, however, procedures must exist that would ensure specimens cannot be subject to tampering.

Note: After specimens are placed into shipping containers that are subsequently sealed, the shipping containers may be placed with other containers or packages that the collection site has waiting to be picked up by a courier. It is expected that collection sites will use reasonable security to ensure that all of their packages are relatively secure and not subject to damage, theft, or other actions that would potentially raise questions related to the integrity of the specimens.

Note: Couriers, postal employees, and other personnel involved in the transportation of the sealed shipping container are not required to make, and should not attempt to make, additional chain of custody entries on the custody and control form.

The collection process is now complete.

SECTION 7. SHY BLADDER PROCEDURES

The term "shy bladder" refers to a situation when the employee does not provide a sufficient amount of urine (45 mL) for a DOT-required drug test. If an employee tells the collector, upon arrival at the collection site, that he or she cannot provide a specimen, the collector must still begin the collection procedure regardless of the reason given. The collector should tell the employee that most individuals can provide 45 mL of urine, even when they think they cannot urinate, and direct the employee to make the attempt to provide the specimen.

At the point in the collection procedure where the collector and employee unwrap/open a collection container, the collector does the following:

1. The collector requests the employee to go into the rest room and try to provide a specimen.

Note: The employee demonstrates his or her inability to provide a valid specimen when the employee comes out of the rest room with an insufficient quantity of specimen or an empty collection container.

2. If the employee provided an initial insufficient specimen, the collector discards the insufficient specimen. The collector then annotates in the "Remarks" line the time when the employee provided the insufficient specimen. This is the time when the "shy bladder" collection process starts.

Note: If there was actually no specimen provided on an attempt, the same collection container may be used for the next attempt (the employee may keep possession of the container during the waiting period). The collector uses the same CCF and continues to document subsequent collections on the same form.

Note: If the insufficient specimen is also out of temperature range (assuming there was sufficient specimen to activate the temperature strip) or shows evidence of adulteration or tampering, the collector completes the collection process, sends the insufficient specimen (temperature out of range or adulterated) to the laboratory and immediately initiates another collection under direct observation.

3. The collector explains to the employee the process for a shy bladder collection and urges the employee to drink up to 40 ounces of fluids, distributed reasonably through a period of up to three hours, or until the individual has provided a sufficient urine specimen, whichever occurs first. It is not a refusal to test if the employee declines to drink.

Note: Collectors should be sensitive to how frequently they should ask the employee to provide a specimen. For example, asking the employee to provide a specimen every half hour may not produce sufficient specimen, although in total, the amount would have been at least 45 mL. In this case, the collector needs to determine if a longer time is needed for the employee to consume fluids and produce a sufficient volume of specimen. If the employee refuses to drink fluids, this is not considered a refusal to test, although the collector should explain to the employee that not drinking sufficient fluids may result in the employee's inability to provide a sufficient specimen and would require a medical evaluation. Under no circumstances can a collector "combine" urine collected from separate voids to create one specimen of sufficient volume.

4. If the employee refuses to make the attempt to provide a new urine specimen or leaves the collection site before the collection process is completed, the collector must discontinue the collection, note the fact on the "Remarks" line of the CCF (Step 2), and immediately notify the DER. This is a refusal to test.

5. If the employee has not provided a sufficient specimen within three hours of the first unsuccessful attempt to provide the specimen, the collector must discontinue the collection, note the fact on the "Remarks" line of the CCF (Step 2), and immediately notify the DER.

> Note: The collector should maintain a record in the "Remarks" line on the CCF of the time of each attempt, whether there was any specimen provided or the quantity of specimen provided, and the amount of fluids that the employee was given to drink. During the waiting time, the employee must be monitored by the collector (the one conducting the collection or another collector at the site) or by another responsible collection site staff member or a company representative. The collector must specifically tell the employee that he or she is not permitted to leave the collection site and if they do so, that it will be considered a refusal to test.

6. The collector then sends Copy 2 of the CCF to the MRO and Copy 4 to the DER. This is done even if the employee did not provide any specimen in order to notify the MRO and the employer of the problem. The collector must send or fax these copies to the MRO and DER within 24 hours or the next business day.

SECTION 8. DIRECTLY OBSERVED COLLECTION

A directly observed collection procedure is the same as a routine collection procedure with the additional requirement that an observer physically watches the employee urinate into the collection container. The observer must be the same gender as the employee; there are no exceptions to this requirement.

An observed collection is required when:

1. The employer or DER directs the collector (or collection site) to conduct a collection under direct observation.

> Note: The employer is required to conduct a directly observed collection when the laboratory reports an invalid specimen and the MRO reports that there was not an adequate medical explanation for the result, or because the split specimen test could not be performed (e.g., split lost, inadequate volume). The employer may direct an observed collection if the test is a return-to-duty or follow-up test. An employee may not "volunteer" to have his or her specimen collected under direct observation.

2. The collector observed materials brought to the collection site or the employee's conduct clearly indicated an attempt to tamper with a specimen.

3. The temperature on the original specimen was out of range or the specimen appeared to have been tampered with.

Note: The collector may serve as the observer when the collector is the same gender as the employee. If not, the collector must call upon another individual (who is the same gender as the employee) to act as the observer. The collector must verbally instruct the observer as to the procedures the observer must follow and specifically inform the observer not to take the specimen from the employee, but have the employee bring it to the collector. It is recommended that the collector have a short written outline of the procedures to be used for an observed collection, review these procedures with the observer, and provide a copy of the written procedures to the observer, if the observer requests it.

An observed collection is conducted in the following manner:

1. The collector must explain to the employee why a directly observed collection is being conducted. If the directly observed collection is requested by the employer, the collector may state the reason (if known) or may only state that the employer requested a directly observed collection.

2. The collector must complete a new CCF for the directly observed collection and mark the "reason for test" block (Step 1) the same as for the first collection (unless it is a return-to-duty or follow-up test).

3. The collector then checks the "Observed, (Enter Remark)" box and enters the reason in the "Remarks" line (Step 2) and the name of the observer if it is someone other than the collector.

4. In a case where two sets of specimens are being sent to the laboratory because of suspected tampering with the first specimen, the collector enters on the "Remarks" line of the CCF (Step 2) for each specimen a notation to this effect (e.g., collection 1 of 2, or 2 of 2) and the CCF specimen ID number of the other specimen.

5. The collector, if the same gender as the employee, or the same gender observer enters the restroom or facility where urination occurs with the employee. If it is a multi-stall restroom, the collector/observer must enter the stall with the employee. The collector/observer must watch the employee urinate into the collection container. Specifically, the collector/observer must personally and directly watch the urine go from the employee's body into the collection container (use of mirrors or video cameras is not permitted).

6. After the employee has completed urinating into the collection container, the employee and observer leave the enclosed toilet stall/restroom and the employee hands the collection container directly to the collector. The observer must maintain visual contact of the collection container until the employee hands the container to the collector. If the observer is the collector, the collector may

receive the collection container from the employee while they are both in the enclosed toilet stall/restroom.

7. If the employee declines to allow a directly observed collection required or permitted by Part 40 to occur, the collector discards any specimen the employee provided previously and notifies the DER as soon as possible. This is considered a refusal to test.

8. If the collector learns that a directly observed collection should have taken place, but was not, the collector must inform the employer that the employee must be directed to return for an immediate recollection under direct observation.

SECTION 9. MONITORED COLLECTIONS

A monitored collection is one that is conducted under less than completely private conditions, utilizing a multi-stall restroom. If there is no practicable work place outside of the restroom, the collector may set up an area within the multi-stall restroom to be used as a work area and for finalizing the required paper work. (A collection which is not monitored may also be conducted in a multi-stall restroom, provided that the collector secures all of the stalls (bluing agent, etc.), secures all water sources and other potential sources of adulterants (soap dispensers) in the restroom, and posts signs or otherwise secures the restroom from entry by unauthorized personnel.)

A monitored collection is conducted in the following manner:

1. The collector must secure the room being used for the monitored collection so that no one except the employee and the monitor can enter it until after the collection has been completed.

2. The monitor must be the same gender as the employee, unless the monitor is a medical professional (e.g., nurse, doctor, physician's assistant, technologist or technician licensed or certified to practice in the jurisdiction in which the collection takes place). The monitor can be a different person from the collector and need not be a qualified collector.

3. If someone other than the collector is to monitor the collection procedure (i.e., the collector is not a medical professional), the collector must verbally instruct that person to use the following procedures (if the collector is the monitor, the collector must also follow these procedures):

(a) A monitor stands outside the stall and does not watch the employee urinate. If the monitor hears sounds or makes other observations indicating an attempt to tamper with a specimen by the employee, there must be an additional collection conducted under direct observation.

(b) A monitor must ensure that the employee takes the collection container directly to the collector as soon as the employee has exited the enclosure.

4. When someone besides the collector has acted as the monitor, the collector must note that person's name in the "Remarks" line of the CCF (Step 2).

5. If the employee declines to permit a collection authorized under Part 40 to be monitored, it is a refusal to test.

SECTION 10. PROBLEM COLLECTIONS

CATHETERIZATION.

If an employee needs medical attention (e.g., an injured employee in an emergency medical facility who is required to have a post-accident test), treatment takes priority and should not be delayed to collect a specimen. If an employee is catheterized as part of a medical procedure (following an accident), once the employee's medical condition is stabilized and the employee can give his or her consent to the collection (e.g., understand that a DOT collection is required, can sign the CCF), a urine specimen should be obtained from that employee. Procedures similar to those listed below may be used when an external urine bag is involved. A urine specimen must not be collected, by catheterization or other means, from an unconscious employee to conduct a DOT-required drug test. Catheterization of a conscious employee to obtain a urine specimen for a DOT-required test is also not authorized. However, an employee who normally voids through intermittent or self-catheterization is required to provide a specimen in that manner if he or she is required to produce a specimen for a DOT test. If able to, the employee may provide the specimen directly from the catheter into the collection container in the privacy of a restroom. If an employee, who normally voids through self-catheterization, declines to do so, this would constitute a refusal to test.

EXTERNAL URINE BAG.

The following procedures should be used in the collection of a urine specimen from an employee who has a medical condition requiring an indwelling catheter or excretion of urine into an external bag. The urine specimen should be a freshly voided specimen. If an employee with an indwelling catheter may urinate directly into a collection container. In the case of an employee with an external bag, the employee should be asked to empty his or her bag in the privacy of a bathroom, show the empty bag to the collector, and then drink sufficient fluids at the collection site to provide 45 mL of urine, which can be subsequently poured by the employee from the bag into a collection container in the privacy of a bathroom. In this case, the temperature of the specimen would not be a critical factor. The collector should be keenly aware of the potential embarrassment that this type of collection can cause the employee and should conduct the collection with appropriate decorum.

This procedure would not have to be done in a medical environment/health clinic or by a collector of the same gender, although the collector may try to accommodate the employee (e.g., conduct the collection at a medical facility, have the same gender

collector) if the employee requests this and if it would not significantly delay the collection process. If the employer is aware of this situation prior to the actual collection (e.g., because the employee had previously expressed a desire to provide the specimen in a medical setting, requested a same gender collector, told the employer about the medical condition and its impact on urine collection for drug testing), the employer (collection site) may establish or modify procedures as needed to permit the employee to provide a specimen in a way consistent with the employee's privacy while still meeting regulatory requirements. In the case of a collection based on a post-accident or reasonable suspicion requirement, the collector may attempt to honor the employee's request (for the collection to be conducted in a medical setting or for the collector to be the same gender) if the collection can be accomplished within a reasonable time frame.

The above scenario assumes that the employee's medical condition is not one that decreases or completely prohibits renal output, and that the employee can produce normal amounts of urine that is excreted into an external bag. Therefore, an employee with this or similar medical conditions would be subject to the same testing requirements (e.g., pre-employment, random) and to the "shy bladder" protocol (three hours and 40 ounces of fluids) as an employee with no medical condition. If an employee who normally voids in this manner declines to provide a urine specimen under these conditions, it would constitute a refusal to test.

TEMPERATURE. The collector should check the temperature of the specimen as soon as the employee hands over the specimen, but no later than four minutes after the employee comes out of the restroom. The acceptable temperature range is 32°-38°C/ 90°-100°F. Temperature is determined by reading the temperature strip originally affixed to or placed on the outside of the collection container after the employee hands the specimen to the collector.

(a) If the temperature is within the acceptable range, the "Yes" box is marked in Step 2 on the CCF and the collector proceeds with the collection procedure.

(b) If the temperature is outside the acceptable range, the "No" box is marked in Step 2 on the CCF and if the temperature was below or above the acceptable range should be noted in the "Remarks" line. The collector completes the collection process for the "first" specimen and immediately begins a "second" collection under direct observation using a second CCF and a new kit. The collector then provides an appropriate comment on the "Remarks" line in Step 2 on the first CCF and second CCF indicating that this is the first of two or second of two collections, the specimen ID numbers of the first and second CCF, the reason for the second collection, and that the second collection was under direct observation. This will ensure that the laboratory and the MRO know that two separate specimens are being submitted for testing; the first one possibly being adulterated or substituted. Additionally, the collector must inform the collection site supervisor and the DER that a collection took place under direct observation and the reason for doing so.

Note: There is no requirement to take the employee's body temperature if the specimen temperature is out of range. If the collector suspects that the temperature strip was not activated, the collector should pour the urine specimen into another collection container with a temperature strip or into a specimen bottle which has a temperature strip attached, and use this method to determine the specimen temperature. Collectors should not introduce any other object (e.g., litmus paper, testing strips, etc.) into the specimen in the collection container or the bottles.

SPECIMEN VOLUME. The collector checks to make sure that the specimen contains a sufficient amount of urine (a minimum of 45 mL for all DOT collections). If the volume is sufficient, the collector checks the box on the CCF (Step 2) indicating that this was a split specimen collection. (This may be done at the same time that the collector checks the temperature box.)

If the volume is less than 45 mL, the action taken will depend on whether the temperature of the specimen is in or outside the acceptable temperature range.

(a) If the temperature is in the acceptable range, the specimen is discarded and a second specimen is collected. The collector may use the original CCF for the second specimen, but should annotate in the "Remarks" line the time that the first insufficient specimen was provided by the employee and the fact that this is a second collection (the time annotation is important since this may become a "shy bladder" situation). The collector should use a new specimen collection container, if these are available separately or a new kit.

(b) If the temperature is outside the acceptable range, a second specimen must be collected under direct observation and both specimens are sent to the laboratory for testing. The collector must use a separate CCF and kit for each specimen and provide an appropriate comment on each CCF to indicate why two specimens were collected.

ADULTERATION OR SUBSTITUTION. The collector must inspect the specimen for unusual color, presence of foreign objects or material, or other signs of tampering or adulteration. If it is apparent from this inspection that the employee has adulterated or substituted the specimen (e.g., the specimen is blue, exhibits excessive foaming when shaken, has smell of bleach), a second collection using direct observation procedures must be conducted immediately. The first specimen and the second specimen collected using direct observation are both sent to the laboratory for testing. The first specimen is always sent to the laboratory even though it may have had an insufficient volume, but showed signs of tampering.

If the employee does not provide the required amount of urine for the second collection using direct observation, the collector annotates the time the second specimen was not provided and initiates the shy bladder procedures. If after 3 hours the employee still cannot provide a sufficient amount of specimen, the collector ends the collection process

and informs the DER. The collector must send or fax Copy 2 of the CCF to the MRO and Copy 4 to the DER within 24 hours or the next business day. The collector must send the original specimen to the laboratory with an annotation that the specimen was suspected of being adulterated or substituted, that a second collection was attempted, but that a shy bladder prevented collection of a second specimen.

> Note: In a case where the employee refuses to provide another specimen or refuses to provide a specimen under direct observation, the collector discards any specimen the employee provided previously during the collection and then notifies the DER that the employee refused to comply with a DOT test.

SECTION 11. BLIND QUALITY CONTROL SAMPLES

An employer or Consortia/Third Party Administrator (C/TPA) with an aggregate of 2000 or more DOT-covered employees, must send blind quality control samples to laboratories they use. If the employer or C/TPA have an aggregate of fewer than 2000 DOT-covered employees, they are not required to provide blind quality control samples.

To each laboratory to which an employer or C/TPA sends at least 100 specimens in a year, they must transmit a number of blind quality control samples equivalent to one percent of the specimens sent to that laboratory, up to a maximum of 50 blind quality control samples in each quarter (i.e., January-March, April-June, July-September, October-December). A C/TPA must apply this percentage to the total number of DOT-covered employees' specimens it sends to the laboratory. Blind quality control sample submissions must be evenly spread throughout the year.

> Note: In general, the employer determines who will conduct the regulatory requirement for the employer to submit blind quality control samples. It may be the employer itself, the collection site, MRO, or the C/TPA. However, regardless of who purchases the blind quality control samples, they must be submitted through the normal collection procedures used by the employer and must be indistinguishable by the laboratory from normal specimens sent by the collection site for DOT testing.

The collector always submits the blind quality control sample using the same CCF as that used for an employee specimen. The collector provides the required information to ensure that the CCF has been properly completed as well as providing fictitious initials on the specimen bottle labels/seals. Since there is no employee, the collector must indicate that the sample is a "blind quality control" on the MRO copy where the employee would normally provide a signature (Step 5 on Copy 2 of the CCF).

> Note: For a blind quality control sample, Copies 4 and 5 of the CCF (the employer and employee copy) may be discarded by the collector, unless the employer or the service agent requires the employer copy (in this case, the collector must ensure that the employer copy has the same "blind quality control" annotation as the MRO copy). All blind quality control samples must be

submitted as DOT split specimen collections. Blind quality control samples may be obtained from companies listed on the HHS Internet web site (http://workplace.samhsa.gov/).

SECTION 12. CORRECTING COLLECTION PROBLEMS

When an HHS certified laboratory receives specimen bottles and the associated CCF, it checks to see if the specimen ID number on the specimen bottle labels/seals matches the number on the CCF, that the specimen bottle seals are intact, that there is sufficient specimen volume, and that the CCF has been properly completed by the collector. If there is any discrepancy and/or error of omission (i.e., the collector did not sign the chain of custody, the collector did not check the temperature box), the laboratory will contact the collector to determine if the discrepancy and/or missing information can be recovered. That is, the collector can provide a written memorandum attesting to the fact that he or she inadvertently forgot to properly document the CCF.

Note: If a fatal flaw exists in the collection process or a memorandum for record or other written statement cannot be provided by the collector to related to a correctable flaw, the laboratory will report "Rejected for Testing" to the MRO and provide an appropriate comment as to why the specimen was not tested. If the reason for rejecting the test was a collector error, when a test is cancelled by the MRO, the collector who collected the specimen will need to go through an error correction training process within 30 days addressing the specific problem that caused the specimen to be cancelled.

Note: Once contacted by the laboratory or the MRO, the collector should immediately provide a statement or memorandum to recover the discrepancy and/or error of omission. Laboratories are required by HHS to retain these specimens for a minimum of 5 business days before they may be discarded; therefore, it is critical that the collector respond immediately to the laboratory's request for corrective action.

The collector has the responsibility of trying to successfully complete a collection procedure for each employee.

1. If, during or shortly after the collection process, the collector becomes aware of any event that prevents the completion of a valid test or collection (e.g., a procedural or paperwork error), the collector must try to correct the problem promptly, if doing so is practicable. The collector may initiate another collection as part of this effort. However, the collector must not recall an employee for another collection once the employee has left the collection site. There is one exception: when the collector learns that a directly observed collection should have been conducted, but was not, the collector must notify the employer to direct the employee to return for an immediate recollection under direct observation.

2. If another collection is necessary, the collector must begin the new collection procedure as soon as possible, using a new CCF and a new collection kit.

> Note: If the collector becomes aware of a problem that can be corrected, but which has not already been corrected, the collector must take all practicable actions to correct the problem so that the test is not cancelled.

3. If the problem resulted from the omission of required information, the collector must, as the person responsible for providing that information, supply in writing the missing information and a statement that it is true and accurate. For example, suppose the collector forgot to make a notation on the "Remarks" line of the CCF that the employee did not sign the certification. The collector would, when the problem is called to his or her attention, supply a signed statement that the employee failed or refused to sign the certification and that the collector's statement is true and accurate. The collector must supply this information on the same business day on which he or she is notified of the problem, transmitting it by fax or courier.

> Note: If the problem is the use of a non-Federal form, the collector must, as the person responsible for the use of the incorrect form, provide a signed statement that the incorrect form contains all the information needed for a valid DOT drug test, that the incorrect form was used inadvertently or as the only means of conducting a test, in circumstances beyond the collector's control. The statement must also list the steps the collector has taken to prevent future use of non-Federal forms for DOT tests. For this flaw to have been corrected, the test of the specimen must have occurred at a HHS-certified laboratory where it was tested using the testing protocol in this part. The collector must supply this information to the laboratory on the same business day on which he or she is notified of the problem, transmitting it by fax or courier.

4. If the problem is the use of a non-Federal CCF or an expired Federal form, the collector must provide a signed statement (e.g., a memorandum for record). The documentation must state that the incorrect form contains all the information needed for a valid DOT drug test, and that the incorrect CCF was used inadvertently or as the only means of conducting a test, in circumstances beyond the collector's control. The memorandum must also list the steps the collector took to prevent future use of non-Federal or expired Federal CCFs for DOT tests. This information must be supplied to the laboratory on the same business day that the collector is notified of the problem, and may be transmitted by fax or courier.

5. The collector must maintain a copy of the written and dated documentation of correction with the appropriate CCF. The collector must also mark the CCF in such a way (e.g., stamp noting correction, written notation) that it would be obvious on the face of the CCF that the corrected (missing) information was supplied.

SECTION 13. DOT-REGULATED AND NON-REGULATED EMPLOYERS

Employers regulated by the Department of Transportation (as well as Federal agencies) are required to use the OMB approved Federal Drug Testing Custody and Control Form for their workplace drug testing programs. All other employers or private sector companies and non-DOT testing conducted by DOT-regulated employers are prohibited from using the Federal CCF. (The Federal Railroad Administration has specific CCFs, which must be used for post-accident testing in the railroad industry.)

In the rare instance where the collector, either by mistake or as the only means to conduct a test under difficult circumstances (e.g., post-accident test with insufficient time to obtain the CCF), uses a non-Federal form for a regulated collection, the use of a non-Federal form does not, in and of itself, present a reason for the laboratory to reject the specimen for testing or for the MRO to cancel the test. However, if the laboratory or the MRO discovers the use of the incorrect form, a signed statement must be obtained from the collector stating the reason why the Federal CCF was not used for the regulated collection.

APPENDIX A - DOT STANDARDS FOR URINE COLLECTION KITS

1. Collection Container

a. Single-use container, made of plastic, large enough to easily catch and hold at least 55 mL of urine voided from the body.

b. Must have graduated volume markings clearly noting levels of 45 mL and above.

c. Must have a temperature strip providing graduated temperature readings 32-38 ° C / 90-100 ° F, that is affixed or can be affixed at a proper level on the outside of the collection container. Other methodologies (e.g., temperature device built into the wall of the container) are acceptable provided the temperature measurement is accurate and such that there is no potential for contamination of the specimen.

d. Must be individually wrapped in a sealed plastic bag or shrink wrapping; or must have a peelable, sealed lid or other easily visible tamper-evident system.

e. May be made available separately at collection sites to address shy bladder situations when several voids may be required to complete the testing process.

2. Plastic Specimen Bottles

a. Each bottle must be large enough to hold at least 35 mL; or alternatively, they may be two distinct sizes of specimen bottles provided that the bottle designed to hold the primary specimen holds at least 35 mL of urine and the bottle designed to hold the split specimen holds at least 20 mL.

b. Must have screw-on or snap-on caps that prevent seepage of the urine from the bottles during shipment.

c. Must have markings clearly indicating the appropriate levels (30 mL for the primary specimen and 15 mL for the split) of urine that must be poured into the bottles.

d. Must be designed so that the required tamper-evident bottle seals made available on the CCF fit with no damage to the seal when the employee initials it nor with the chance that the seal overlap would conceal printed information.

e. Must be wrapped (with caps) together in a sealed plastic bag or shrink wrapping separate from the collection container; or must be wrapped (with cap) individually in sealed plastic bags or shrink wrapping; or must have peelable, sealed lid or other easily visible tamper-evident system.

f. Plastic material must be leach resistant.

3. Leak-resistant Plastic Bag

a. Must have two sealable compartments or pouches which are leak-resistant; one large enough to hold two specimen bottles and the other large enough to hold the CCF paperwork.

b. The sealing methodology must be such that once the compartments are sealed, any tampering or attempts to open either compartment will be evident.

4. Absorbent material

Each kit must contain enough absorbent material to absorb the entire contents of both specimen bottles. Absorbent material must be designed to fit inside the leak-resistant plastic bag pouch into which the specimen bottles are placed.

5. Shipping Container

a. Must be designed to adequately protect the specimen bottles from shipment damage in the transport of specimens from the collection site to the laboratory (e.g., standard courier box, small cardboard box, plastic container).

b. May be made available separately at collection sites rather than being part of an actual kit sent to collection sites.

c. A shipping container is not necessary if a laboratory courier hand-delivers the specimen bottles in the plastic leak-proof bags from the collection site to the laboratory.

APPENDIX B - TRAINING REQUIREMENTS FOR COLLECTORS

To be permitted to act as a collector in the DOT drug testing program, you must meet the following requirements:

(a) Basic information. You must be knowledgeable about 49 CFR Part 40, the current "DOT Urine Specimen Collection Procedures Guidelines," and DOT agency regulations applicable to the employers for whom you perform collections, and you must keep current on any changes to these materials. The DOT Urine Specimen Collection Procedures Guidelines document is available from ODAPC (Department of Transportation, 400 7th Street, S.W., Room 10403, Washington DC, 20590, 202-366-3784, or on the ODAPC web site (http://www.dot.gov/ost/dapc).

(b) Qualification training. You must receive qualification training which provides instruction on the following subjects:

(1) All steps necessary to complete a collection correctly and the proper completion and transmission of the CCF;

(2) "Problem" collections (e.g., situations like "shy bladder" and attempts to tamper with a specimen);

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

(4) The collector's responsibility for maintaining the integrity of the collection process, ensuring the privacy of employees being tested, ensuring the security of the

specimen, and avoiding conduct or statements that could be viewed as offensive or inappropriate;

(c) Initial Proficiency Demonstration. Following your completion of qualification training under paragraph (b) above, you must demonstrate proficiency in collections by completing five consecutive error-free mock collections.

(1) The five mock collections must include two uneventful collection scenarios, one insufficient quantity of urine scenario, one temperature out of range scenario, and one scenario in which the employee refuses to sign the CCF and initial the specimen bottle tamper-evident seal.

(2) Another person must monitor and evaluate your performance, in person or by a means that provides real-time observation and interaction between the instructor and trainee, and attest in writing that the mock collections are "error-free." This person must be a qualified collector who has demonstrated necessary knowledge, skills, and abilities by --

(i) Regularly conducting DOT drug test collections for a period of at least a year;

(ii) Conducting collector training under this part for a year; or

(iii) Successfully completing a "train the trainer" course.

(d) Schedule for qualification training and initial proficiency demonstration. The following is the schedule for qualification training and the initial proficiency demonstration you must meet:

(1) If you became a collector before August 1, 2001, and you have already met the requirements of paragraphs (b) and (c) of this section, you do not have to meet them again.

(2) If you became a collector before August 1, 2001, and have yet to meet the requirements of paragraphs (b) and (c) of this section, you must do so no later than January 31, 2003.

(3) If you become a collector on or after August 1, 2001, you must meet the requirements of paragraphs (b) and (c) of this section before you begin to perform collector functions.

(e) Refresher training. No less frequently than every five years from the date on which you satisfactorily complete the requirements of paragraphs (b) and (c) above, you must complete refresher training that meets all the requirements of paragraphs (b) and (c).

(f) Error Correction Training. If you make a mistake in the collection process that causes a test to be cancelled (i.e., a fatal or uncorrected flaw), you must undergo error correction training. This training must occur within 30 days of the date you are notified of the error that led to the need for retraining.

(i) Error correction training must be provided and your proficiency documented in writing by a person who meets the requirements of paragraph (c)(2) above.

(ii) Error correction training is required to cover only the subject matter area(s) in which the error that caused the test to be cancelled occurred.

(iii) As part of the error correction training, you must demonstrate your proficiency in the collection procedures of this part by completing three consecutive error-free mock collections. The mock collections must include one uneventful scenario and two scenarios related to the area(s) in which your error(s) occurred. The person providing the training must monitor and evaluate your performance and attest in writing that the mock collections were "error-free."

(g) Documentation. You must maintain documentation showing that you currently meet all requirements of this section. You must provide this documentation on request to DOT agency representatives and to employers and C/TPAs who are using or negotiating to use your services.

APPENDIX C – QUESTIONS AND ANSWERS

Periodically, DOT will publish questions and answers specific to the collector and the collection process. These will be posted on the DOT Internet web site (www.dot.gov/ost/dapc/). All collectors are encouraged to check the site to ensure that they have the most current information to help them conduct DOT-required specimen collections appropriately. Collectors who do not have access to the Internet may obtain copies of the questions and answers from a fax-on-demand system by calling 1-(800)-225-3784. Collectors who do not have access to the Internet may obtain copies of the Questions and Answers from a fax-on-demand system by calling 1-(800)-225-3784.

APPENDIX D – OPERATING ADMINISTRATIONS' RULES (SUMMARY)

49 CFR Part 40 (40.33(a)) states that collectors must be knowledgeable about the DOT agency regulations applicable to the employers for whom the collectors conduct urine specimen collections. The following is a short summary of some of the operating administrations' requirements. Copies of the complete rule texts are available on the DOT Internet web site (www.dot.gov/ost/dapc/).

Federal Motor Carrier Safety Administration
(FMCSA)

Covered employee: A person who ***operates (i.e., drives)*** a Commercial Motor Vehicle (CMV) weighing 26,001 pounds or greater, or is designed to transport 16 or more occupants (to include the driver); or is of any size and is used in the transport of hazardous materials that require the vehicle to be placarded.

Types of tests for drugs: Pre-employment, random, reasonable suspicion, post-accident, return-to-duty, and follow-up.

Types of tests for alcohol: Pre-employment (optional), random, reasonable suspicion, post-accident, return-to-duty, and follow-up.

Definition of accident requiring testing: Any accident involving a fatality requires testing. Testing is also required in accidents in which a vehicle is towed from the scene or in which someone is treated medically away from the scene; ***and*** a citation is issued to the CMV driver.

Reasonable-suspicion determination: One trained supervisor or company official can make the decision based upon specific, contemporaneous, articulable observations concerning the appearance, behavior, speech, or body odors of the employee.

Pre-duty alcohol use prohibitions: Four (4) hours prior to performance of duty.

Actions for BACs 0.02 – 0.039: If the employer chooses to return the employee to covered service within 24 hours, the BAC retest must be below 0.02.

Employee training: Employer must provide educational materials explaining drug and alcohol regulatory requirements and employer's policies and procedures for meeting regulation requirements. Distribution to each employee of these educational materials and the employer's policy regarding the use of drugs and alcohol is mandatory.

Supervisor training: One-hour training is required on the specific, contemporaneous physical, behavioral, and performance indicators of probable drug use. One-hour training is required on the specific, contemporaneous physical, behavioral, and performance indicators of probable alcohol use.

Reportable employee drug and alcohol violations: No requirements to report violations to FMCSA.

Other: **Drivers are prohibited from using alcohol for eight hours following an accident (as described above) or until they have undergone a post-accident alcohol test, whichever occurs first.**

Federal Railroad Administration
(FRA)

Covered employee: A person who performs *hours of service* functions at a rate sufficient to be placed into the railroad's random testing program. Categories of personnel who normally perform these functions are *engineers, conductors, signalmen, operators, dispatchers,* and *switchmen.*

Types of tests for drugs: Pre-employment, random, reasonable suspicion, reasonable cause, post-accident, return-to-duty, and follow-up.

Types of tests for alcohol: Pre-employment (optional), random, reasonable suspicion, reasonable cause, post-accident, return-to-duty, and follow-up.

Definition of accident requiring testing: FRA's post-accident testing rule goes well beyond normal Part 40 procedures (i.e., urine and blood from surviving employees and also tissue from deceased employees is collected). FRA regulation 49 CFR Part 219 Subpart C, stipulates the level of events requiring testing and who has to be tested. This testing, at FRA's contract laboratory, provides FRA with accident investigation and usage data.

Reasonable-suspicion determination: One trained supervisor can make the decision for alcohol testing based upon specific, contemporaneous, articulable observations concerning the appearance, behavior, speech, or body odors of the employee. A decision to conduct a drug test requires two supervisors (only the on-site supervisor must be trained).

Reasonable-cause determination: Employers are authorized to use federal authority to test covered employees after specific operating rule violations and/or accidents which meet the criteria in 49 CFR Part 219 Subpart D.

Pre-duty alcohol use prohibitions: Four (4) hours prior to performance of duty.

Actions for BACs 0.02 – 0.039: The employee cannot be returned to duty until the start of the employee's next regularly scheduled duty period, but not less than 8 hours following the test.

Employee training: Employer must provide education materials that explain the requirements of the FRA rules as well as the railroad's policies and procedures with respect to meeting these requirements.

Supervisor training: One-hour of training is required on the specific, contemporaneous physical, behavioral, and performance indicators of probable drug use and a second hour

FRA (continued)

is required concerning alcohol use. A component of this training is that identification of these indicators requires a reasonable suspicion test. Additionally, one-hour of training is required covering post-accident determinations.

Reportable employee drug and alcohol violations: No requirements to report violations to FRA. Engineers, who are the only certificate holders in the rail industry, will have their certificates reviewed for suspension or revocation by the employer when a violation occurs.

Other:
Anyone with direct or immediate supervisory authority over an employee may not collect that person's urine, saliva, or breath.

Employers must provide a ***voluntary referral program*** which addresses an employee's substance abuse rehabilitation needs prior to a violation occurring and a ***co-worker report program*** which addresses violations identified by co-workers but before employers identify them. Both of these ***self-help programs*** guarantee that employees will retain their jobs if they cooperate and complete the required rehabilitation program. For an engineer who is in a voluntary referral program, the counseling professional must report the engineer's refusal to cooperate in the recommended course of counseling or treatment to the employer.

Federal Aviation Administration (FAA)

Covered employee: A person who performs ***flight crewmember duties***, ***flight attendant duties***, ***flight instruction duties***, ***aircraft dispatch duties***, ***aircraft maintenance*** or ***preventive maintenance duties***; ***ground security coordinator duties***; ***aviation screening duties***; and ***air traffic control duties***. Note: Anyone who performs the above duties directly or by contract for part 121 or 135 certificate holders, ***sightseeing operations*** as defined in 135.1(c), and ***air traffic control*** facilities not operated by the Government are considered covered employees.

Types of tests for drugs: Pre-employment, random, reasonable cause, post-accident, return to duty, and follow-up. Periodic testing for Part 67 medical certificate holders.

Types of tests for alcohol: Pre-employment (optional), random, reasonable suspicion, post-accident, return to duty, and follow-up.

Definition of accident requiring testing: Accident means an occurrence associated with the operation of an aircraft which takes place between the time any person boards the aircraft with the intention of flight and all such persons have disembarked, and in which any person suffers death or serious injury, or in which the aircraft receives substantial damage. Testing must occur if employee's performance either contributed to the accident or cannot be completely discounted as a contributing factor of the accident. The decision not to test an employee must be based on a determination, using the best information available at the time of the determination, that the employee's performance could not have contributed to the accident.

Reasonable cause determination (drugs): Two of the employee's supervisors, one of whom is trained, shall substantiate and concur in the decision to test the employee. If the employer has 50 or fewer employees, a single trained supervisor can make the determination.

Reasonable suspicion determination (alcohol): A trained supervisor shall make the determination based upon specific, contemporaneous, articulable observations concerning the employee's appearance, behavior, speech, or body orders.

Pre-duty alcohol use prohibitions: Eight (8) hours prior to performance of flight crewmember duties, flight attendant duties, and air traffic controller duties. Four (4) hours prior to performance of other duties.

Actions for BACs 0.02 - 0.039: If the employer chooses to return the employee to covered services within 8 hours, the BAC retest must be below 0.02.

Employee training (drugs): An employer must train all employees who perform safety-sensitive duties on the effects and consequences of prohibited drug use on personal health, safety, and work environment, and on the manifestations and behavioral cues that

FAA (continued)

may indicate drug use and abuse. Employers must also implement an education program for safety-sensitive employees by displaying and distributing informational materials, a community service hot-line telephone number for employee assistance and the employer's policy regarding drug use in the work place which must include information regarding the consequences under the rule of using drugs while performing safety-sensitive functions, receiving a verified positive drug test result, or refusing to submit to a drug test required under the rule.

Employee training (alcohol): No training required. Employers must provide covered employees with educational materials that explain the alcohol misuse requirements and the employer's policies and procedures with respect to meeting those requirements. The information must be distributed to each covered employees and must include such information as the effects of alcohol misuse on an individual's health work, personal life, signs and symptoms of an alcohol problem; and the consequences for covered employees found to have violated the regulatory prohibitions.

Supervisor training (drugs): One-hour training is required on the specific, contemporaneous physical, behavioral, and performance indicators of probable drug use. In addition, supervisors must receive employee training as defined above. Reasonable recurrent training is also required.

Supervisor training (alcohol): One-hour training is required on the physical, behavioral, speech, and performance indicators of probable alcohol misuse.

Reportable employee drug and alcohol violations:

Each employer must notify the FAA of any employee who holds a certificate issued under 14 CFR Parts 61 (pilots and flight and ground instructors), 63 (flight engineers and navigators), or 65 (air traffic control tower operators, aircraft dispatchers, airframe or power plant mechanics, and repairmen) who has refused to take a drug or alcohol test.

Medical Review Officers must notify the FAA of any employee or applicant who is required to hold a medical certificate issued under 14 CFR Part 67 and has a positive drug test result. An employer cannot permit an employee who is required to hold a medical certificate under part 67 to perform a safety-sensitive function to resume that duty until the employee has received a medical certificate or a special issuance certificate issued by the FAA Federal Air Surgeon ***and*** the employer has ensured that the employee meets the return to duty requirements in accordance with Part 40. [Medical certificates are not operating certificates but employees cannot continue to perform airman duties without a medical certificate or a special issuance medical certificate.]

Employers must notify the FAA Federal Air Surgeon of any safety-sensitive employee who is required to hold an airman medical certificate issued under 14 CFR Part 67 and

FAA (continued)

has any alcohol violation. An employer cannot permit an employee who is required to hold a medical certificate under part 67 to perform a safety-sensitive function to resume that duty until the employee has received a medical certificate or a special issuance certificate issued by the FAA Federal Air Surgeon ***and*** the employer has ensured that the employee meets the return to duty requirements in accordance with Part 40.

Federal Transit Administration (FTA)

Covered employee: A person who performs a ***revenue vehicle operation; revenue vehicle and equipment maintenance; revenue vehicle control or dispatch; Commercial Drivers License non-revenue vehicle operation;*** or ***armed security duties.***

Types of tests for drugs: Pre-employment, random, reasonable suspicion, post-accident, return-to-duty, and follow-up.

Types of tests for alcohol: Pre-employment (optional), random, reasonable suspicion, post-accident, return-to-duty, and follow-up.

Definition of accident requiring testing: Any accident involving a fatality requires testing. Testing following a non-fatal accident is discretionary: If the employer can show the employee's performance could not have contributed to the accident, no test is needed.

Reasonable-suspicion determination: One trained supervisor can make the decision based upon specific, contemporaneous, articulable observations concerning the appearance, behavior, speech, or body odors of the employee.

Pre-duty alcohol use prohibitions: Four (4) hours prior to performance of duty.

Actions for BACs 0.02 – 0.039: If the employer chooses to return the employee to covered service within 8 hours, the BAC retest must be below 0.02.

Employee training: Employer must provide education with display and distribution of informational materials and a community service hot-line telephone number, if available. One-hour of training on the effects and consequence of prohibited drug use on personal health, safety, and the work environment, and on the signs and symptoms that may indicate prohibited drug use. Distribution to each employee of the employer's policy regarding the use of drugs and alcohol is mandatory.

Supervisor training: One-hour training is required on the specific, contemporaneous physical, behavioral, and performance indicators of probable drug use. One-hour training is required on the specific, contemporaneous physical, behavioral, and performance indicators of probable alcohol use.

Reportable employee drug and alcohol violations: No requirements to report violations to FTA.

Other: **Anyone with direct or immediate supervisory authority over an employee may not collect that person's urine, saliva, or breath.**

United States Coast Guard
(USCG)

Covered employee: A person who is ***on board a vessel*** acting under the authority of a ***license***, ***certificate of registry***, or ***merchant mariner's document***. Also, a person ***engaged*** or ***employed on board a U.S. owned vessel*** and such vessel is required to engage, employ or be operated by a person holding a license, certificate of registry, or merchant mariner's document.

Types of tests for drugs: Pre-employment, periodic, random, reasonable cause, and post-serious marine incident (SMI), return-to-duty, and follow-up.

Types of tests for alcohol: 49 CFR Part 40 alcohol-testing requirements do not apply to the Maritime Industry. 46 CFR Part 4.06 requires post-SMI chemical testing for alcohol use. 33 CFR Part 95.035 allows for a marine employer or a law enforcement officer to direct an individual to undergo a chemical test for intoxicants when reasonable cause exists or an accident has occurred.

Definition of incident requiring testing: An SMI is defined in 46 CFR 4.03-2. In general, an SMI is: A discharge of 10,000 gallons or more of oil into the navigable waters of the United States, whether or not resulting from a marine casualty; a discharge of a reportable quantity of a hazardous substance into the navigable waters or into the environment of the United States, whether or not resulting from a marine casualty; or a marine casualty or accident required to be reported to the Coast Guard, involving a vessel in commercial service, and resulting in any of the following: One or more deaths; an injury to any person (including passengers) which requires professional medical treatment beyond first aid, and, in the case of a person employed on board a commercial vessel, which renders the person unable to perform routine vessel duties; damage to property in excess of $100,000; actual or constructive total loss of any inspected vessel; or actual or constructive total loss of any uninspected, self-propelled vessel of 100 gross tons or more.

Reasonable-cause determination (drugs): The marine employer must have a reasonable and articulable belief that the individual has used a dangerous drug. This belief should be based on the direct observation of specific, contemporaneous physical, behavioral, or performance indicators of probable use and where practicable based on the observation of two persons in supervisory positions.

Reasonable-cause determination (alcohol): The employee was directly involved in the occurrence of a marine casualty or the individual operated a vessel and the effect of the intoxicant(s) consumed by the individual on the person's manner, disposition, speech, muscular movement, general appearance or behavior is apparent by observation.

Pre-duty alcohol use prohibitions: Four (4) hours prior to performance of scheduled duty.

USCG (continued)

Employee training: Employer must provide education with display and distribution of informational materials and a community service hot-line telephone number. Distribution to each employee of the employer's policy regarding the use of drugs and alcohol is mandatory. Training must include the effects of drugs and alcohol on personal heath, safety, and work environment; and manifestations and behavioral cues that may indicate drug and alcohol use and abuse.

Supervisor training: One-hour training is required on the effects of drugs and alcohol on personal heath, safety, and work environment; and manifestations and behavioral cues that may indicate drug and alcohol use and abuse.

Reportable employee drug and alcohol violations: Results of all post-SMI tests and positive drug test results for all mariners who hold a license, certificate of registry or merchant mariner's document must be reported to the nearest Coast Guard Officer in Charge, Marine Inspection.

Research and Special Programs Administration
(RSPA)

Covered employee: A person who performs on a pipeline or liquefied natural gas (LNG) facility an ***operation, maintenance, or emergency-response*** function.

Types of tests for drugs: Pre-employment, random, reasonable cause, post-accident, return-to-duty, and follow-up.

Types of tests for alcohol: Post-accident, reasonable suspicion, return-to-duty, and follow-up.

Definition of *accident* requiring testing: An accident is one involving gas pipeline facilities or LNG facilities or involving hazardous liquid or carbon dioxide pipeline facilities.

Reasonable-suspicion determination: One trained supervisor can make the decision based upon signs and symptoms.

Reasonable-cause determination: One trained supervisor can make the decision based upon reasonable and articulable belief that the employee is using prohibited drugs on the basis of specific, contemporaneous physical, behavioral, or performance indicators of probable drug use.

Pre-duty alcohol use prohibitions: Four (4) hours prior to performance of duty.

Actions for BACs 0.02 – 0.039: If the employer chooses to return the employee to covered service within 8 hours, the BAC retest must be below 0.02.

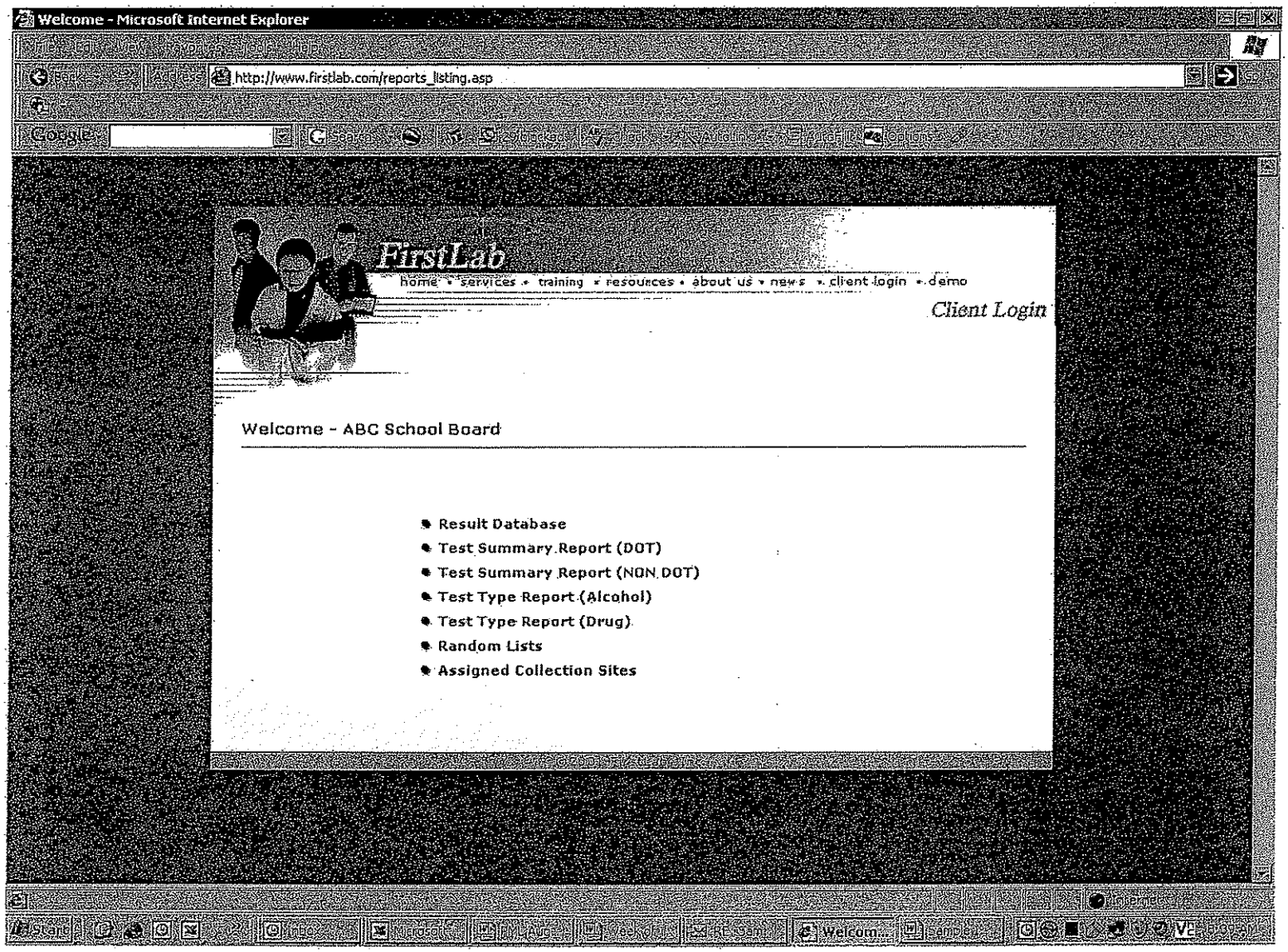
Employee training (Drugs): Employer must provide EAP education with display and distribution of informational materials; display and distribution of a community service hot-line telephone number; and display and distribution of the employer's policy regarding the use of prohibited drugs.

Employee Training (Alcohol): Employer must develop materials that explain policies and procedures (as well as names of those who can answer questions about the program) and distribute them to each covered employee.

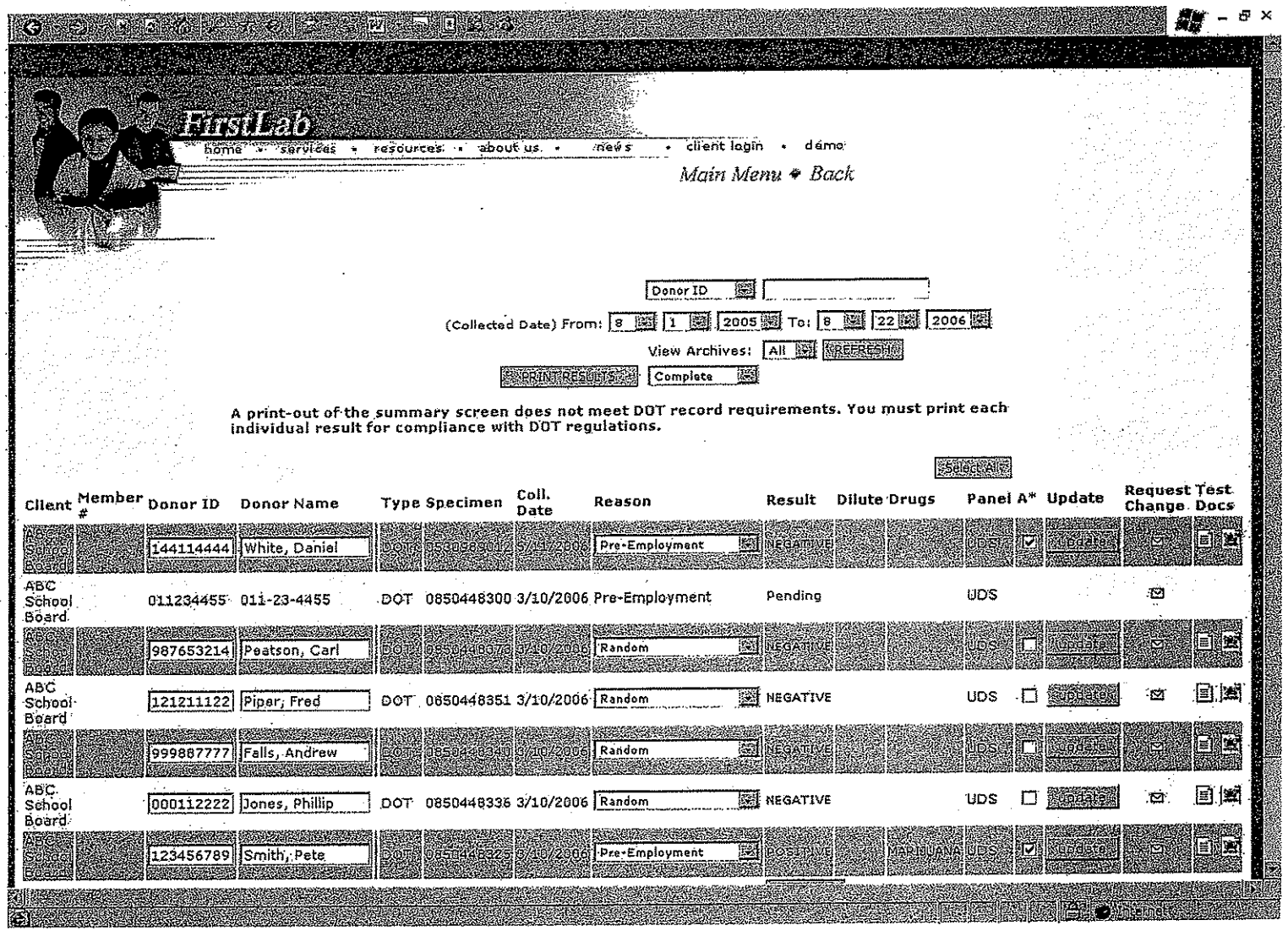
Supervisor training: One-hour training is required on the specific, contemporaneous physical, behavioral, and performance indicators of probable drug use. One-hour training is required on the specific, contemporaneous physical, behavioral, and performance indicators of probable alcohol use.

Reportable employee drug and alcohol violations: No requirements to report violations to RSPA.

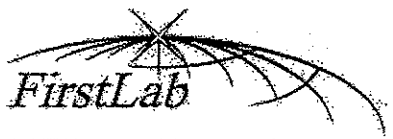
FIRSTLAB'S WEB RETRIEVAL



INTERNET RESULT DATABASE



SAMPLE TEST SUMMARY REPORT



1364 Welsh Road Ste. C-2 North Wales, PA 19454
800-732-3784

Test Summary Report

For the Period:
July 1, 2005 through July 31, 2006

Client: ABC School Board
Dummy Account

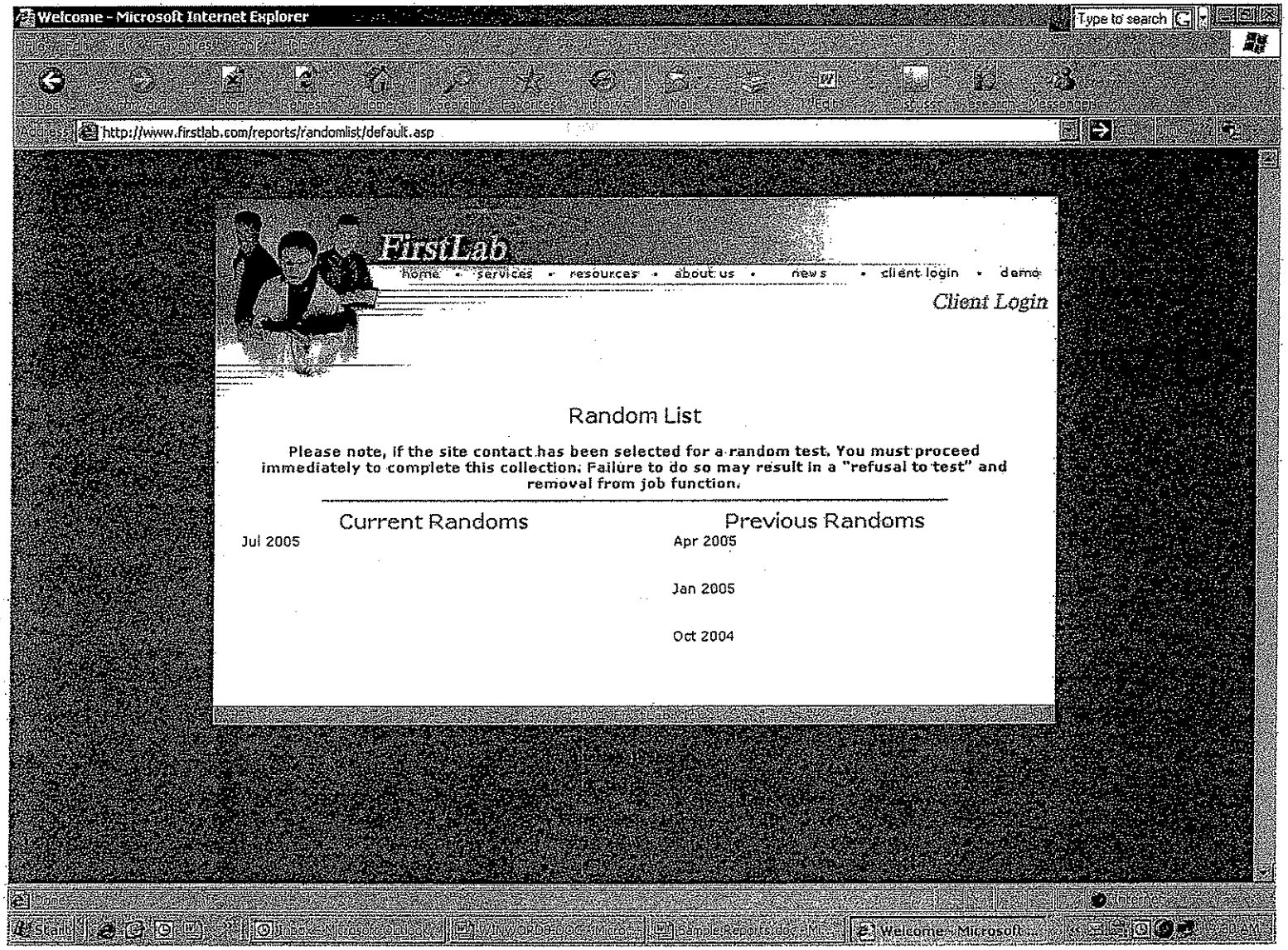
Joe Boss (352) 555-1000
L5008

Type	Total #	Neg	Pos	MJ	Cocaine	PCP	Opiates	Amphets	Refusal Results				Cancel
									Adulterated	Substituted	"Shy Bladder"	Refusal	
DOT Drug Tests													
Random	4	4	0	0	0	0	0	0	0	0	0	0	0
ReasSusp	0	0	0	0	0	0	0	0	0	0	0	0	0
FollowUp	0	0	0	0	0	0	0	0	0	0	0	0	0
TOTAL	7	5	1	1	0	0	0	0	0	0	0	0	0

Type	Total #	Screening < 0.02	Screening >= 0.02	Confirmations	Confirmations >=0.02 and < 0.4	Confirmations >=0.04	Refusal Results		Cancelled Results
							"Shy Lung"	Other Refusals	
DOT Alcohol Tests									
Random	0	0	0	0	0	0	0	0	0
ReasSusp	0	0	0	0	0	0	0	0	0
FollowUp	0	0	0	0	0	0	0	0	0
TOTAL	0	0	0	0	0	0	0	0	0

Alcohol confirmations tests performed prior to 1/1/06 may not be reflected on this report.
Please contact your account manager with any questions.

SAMPLE RANDOM LIST REPORT

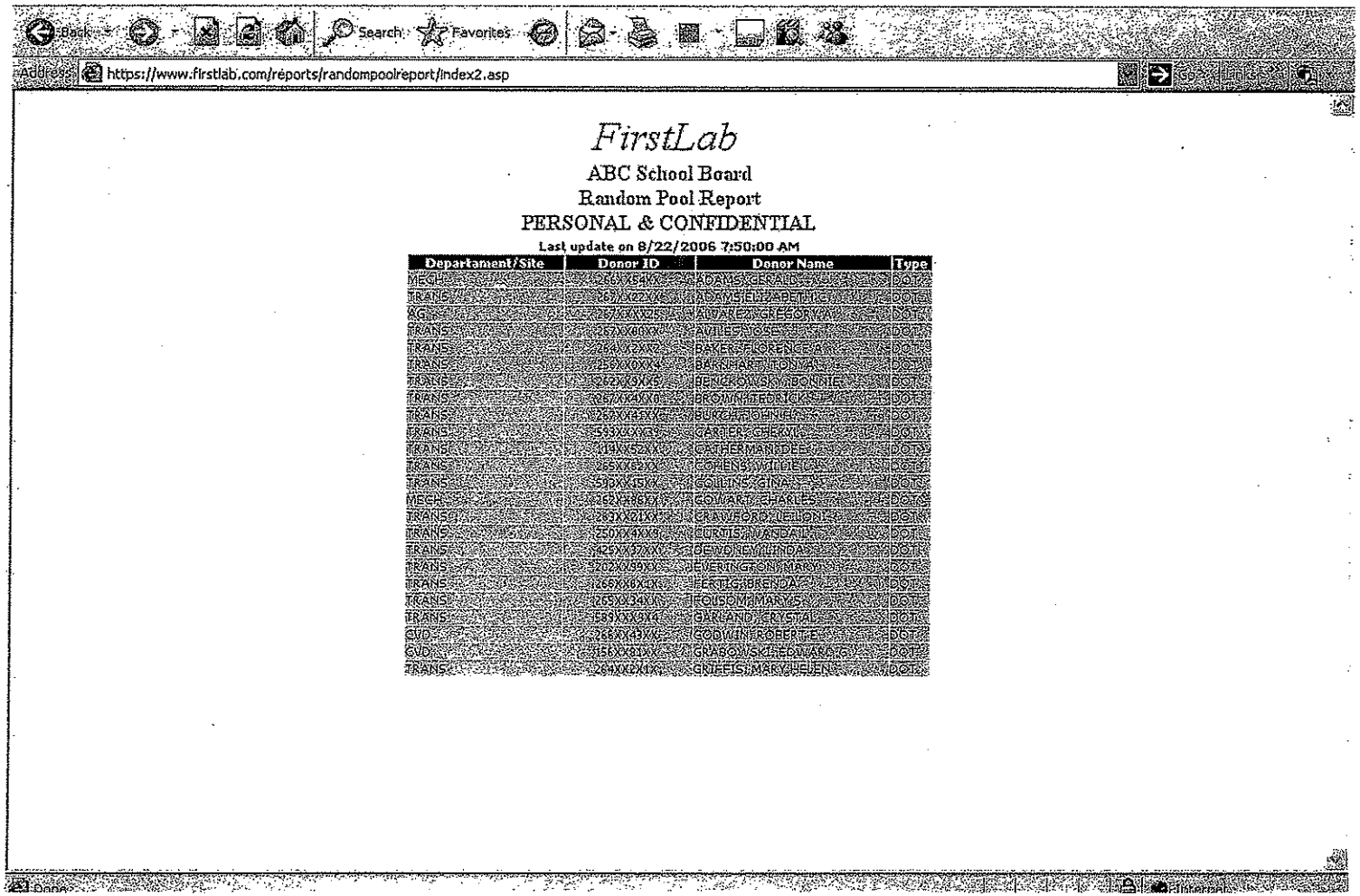


SAMPLE RANDOM LIST REPORT

ABC School Board
For the Period: 7/1/2006 through 9/30/2006

SSN	Employee Name	Location	Test Required	Reason Not Tested
The Following employees have been selected to undergo a URINE DRUG TEST ONLY.				
"425XX37XX"	"DEWDNEY, LINDA"	"TRANS"	"URINE DRUG"	
"114XX52XX"	"CATHERMAN, DEE"	"TRANS"	"URINE DRUG"	
"264XX2XX2"	"BAKER, FLORENCE A."	"TRANS"	"URINE DRUG"	
"263XX21XX"	"CRAWFORD, LEILONI"	"TRANS"	"URINE DRUG"	
"593XXXX39"	"CARTER, CHERYL"	"TRANS"	"URINE DRUG"	
"256XX0XX4"	"BARNHART, TONYA"	"TRANS"	"URINE DRUG"	
"593XX15XX"	"COLLINS, GINA"	"TRANS"	"URINE DRUG"	
"202XX99XX"	"EVERINGTON, MARY"	"TRANS"	"URINE DRUG"	
The Following employees have been selected to undergo both a URINE DRUG and BREATH ALCOHOL TEST ONLY.				
"267XX41XX"	"BURCH, JOHN H."	"TRANS"	"URINE DRUG and BREATH ALCOHOL"	
"267XX22XX"	"ADAMS,ELIZABETH C."	"TRANS"	"URINE DRUG and BREATH ALCOHOL"	
"264XX2X1X"	"GRIFFIS, MARY HELEN"	"TRANS"	"URINE DRUG and BREATH ALCOHOL"	
The Following employees have been designated as ALTERNATE selections.				
"589XXX9X4"	"GARLAND, CRYSTAL"	"TRANS"	"ALTERNATE ONLY"	
"262XX86XX"	"COWART, CHARLES"	"MECH"	"ALTERNATE ONLY"	
"267XX4XX0"	"BROWN, TEDRICK"	"TRANS"	"ALTERNATE ONLY"	
"156XX81XX"	"GRABOWSKI, EDWARD G."	"CVD"	"ALTERNATE ONLY"	

SAMPLE RANDOM POOL REPORT



https://www.firstlab.com/reports/randompoolreport/index2.asp

FirstLab

ABC School Board

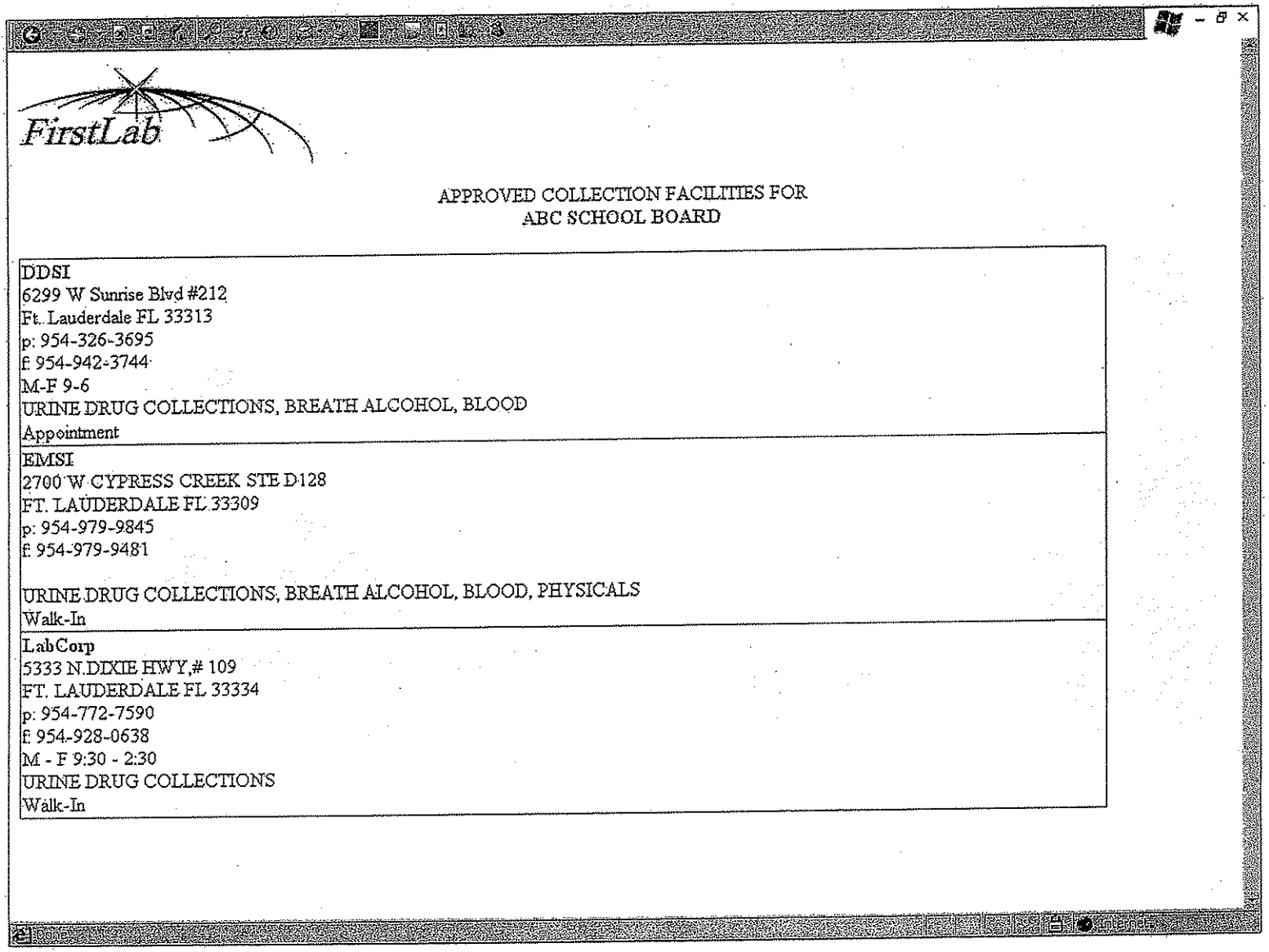
Random Pool Report

PERSONAL & CONFIDENTIAL

Last update on 8/22/2006 7:50:00 AM

Department/Site	Donor ID	Donor Name	Type
MECH	266XX54XX	ADAMS,GERALD	DOT
TRANS	267XX27XX	ADAMS,LIDA BETH	DOT
AG	267XXXX5	ALVAREZ,GLESSORY	DOT
TRANS	267XX80XX	AVILES,NOE	DOT
TRANS	264XX2XX2	BAKER, FLORENCE A	DOT
TRANS	259XX0XX4	BARKHART, TONI A	DOT
TRANS	262XX9XX5	BENCKOWSKI, BONNIE	DOT
TRANS	267XX4XX0	BROWN,FREDRICK	DOT
TRANS	263XX43XX6	BURKE,JOHN F	DOT
TRANS	543XXXX3	CARTER, CHERYL	DOT
TRANS	1XX52XX0	CATHERMAN,DEE	DOT
TRANS	65XX6XX0	COPENS,WILLIE	DOT
TRANS	513XX15XX	COLLINS, GINA	DOT
MECH	262XX86XX	COWART, CHARLES	DOT
TRANS	283XX21XX	CRAWFORD, JELLON	DOT
TRANS	250XX4XX0	CURTIS, WANDA	DOT
TRANS	425XX37XX	DEVONEY,LINDA	DOT
TRANS	202XX89XX	DEVERINGTON,MARY	DOT
TRANS	266XX6XX	FERTIG,BRENDA	DOT
TRANS	265XX34XX	FOUSOM,MARY	DOT
TRANS	589XXX9X4	GARLAND, CRYSTAL	DOT
CUD	266XX43XX	GOBWIN,ROBERT E	DOT
CUD	156XX81XX	GRABOWSKI,EDWARD	DOT
TRANS	264XX0X1X	GRIFFIS,MARY HELEN	DOT

SAMPLE APPROVED COLLECTION SITE REPORT

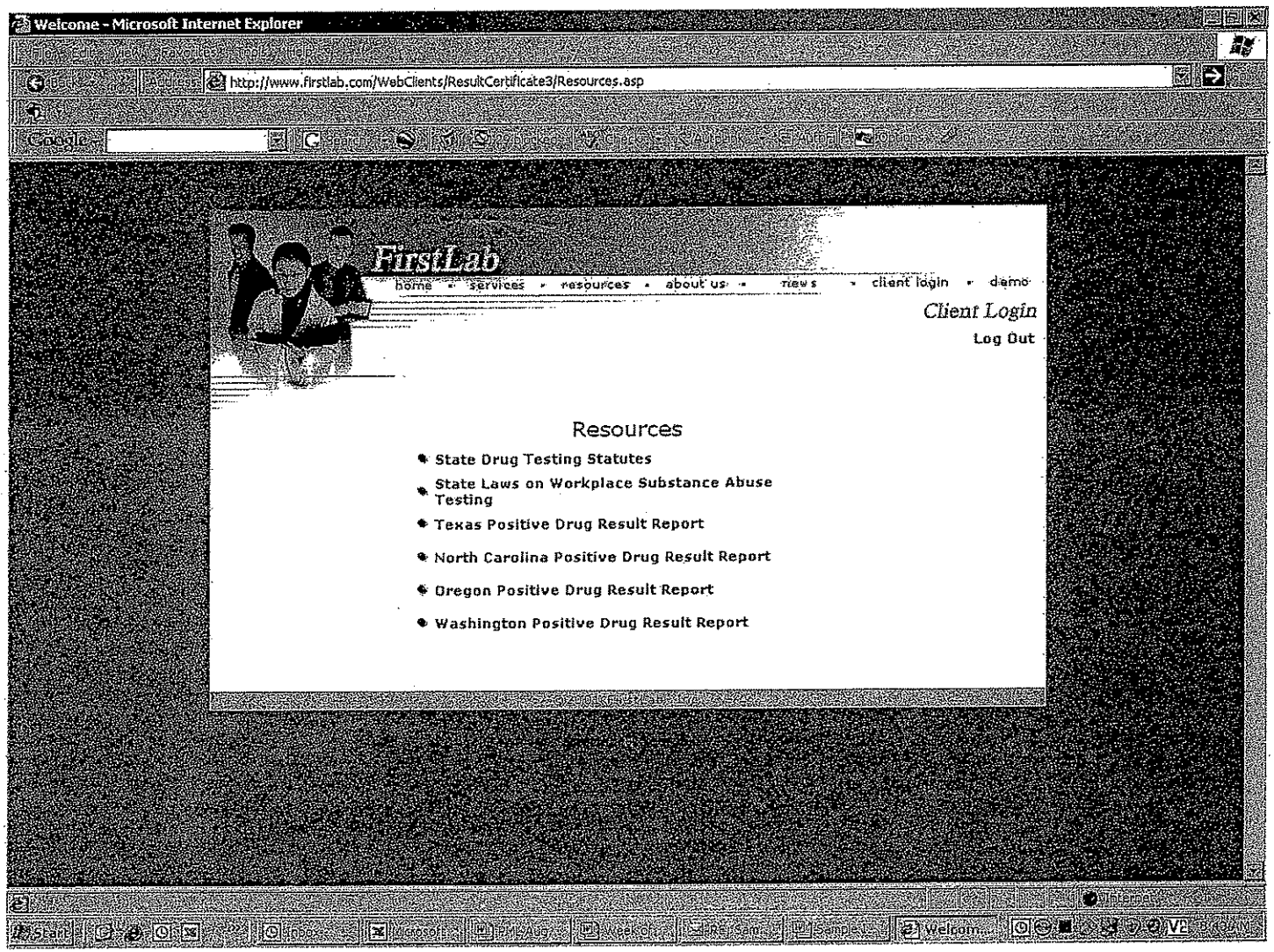


FirstLab

APPROVED COLLECTION FACILITIES FOR
ABC SCHOOL BOARD

DDSI 6299 W Sunrise Blvd #212 Ft. Lauderdale FL 33313 p: 954-326-3695 f: 954-942-3744 M-F 9-6 URINE DRUG COLLECTIONS, BREATH ALCOHOL, BLOOD Appointment
EMSI 2700 W CYPRESS CREEK STE D128 FT. LAUDERDALE FL 33309 p: 954-979-9845 f: 954-979-9481 URINE DRUG COLLECTIONS, BREATH ALCOHOL, BLOOD, PHYSICALS Walk-In
LabCorp 5333 N.DIXIE HWY,# 109 FT. LAUDERDALE FL 33334 p: 954-772-7590 f: 954-928-0638 M - F 9:30 - 2:30 URINE DRUG COLLECTIONS Walk-In

FOR CLIENTS ONLY - RESOURCES



MARSH

CERTIFICATE OF INSURANCE

CERTIFICATE NUMBER
CLE-001434901-05

PRODUCER

MARSH USA, INC.
THREE JAMES CENTER
1051 EAST CARY STREET, SUITE 900
RICHMOND, VA 23219

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER OTHER THAN THOSE PROVIDED IN THE POLICY. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES DESCRIBED HEREIN.

INSURED

FirstLab
1364 Welsh Road, Suite C2
North Wales, PA 19454

COMPANIES AFFORDING COVERAGE

COMPANY A: THE TRAVELERS INDEMNITY OF IL

COMPANY B: ILLINOIS UNION INSURANCE CO

COMPANY C: TRAVELERS INDEMNITY COMPANY OF AMERICA

COMPANY D: TRAVELERS PROPERTY CASUALTY CO. OF AMERICA

COVERAGES This certificate supersedes and replaces any previously issued certificate for the policy period noted below.

THIS IS TO CERTIFY THAT POLICIES OF INSURANCE DESCRIBED HEREIN HAVE BEEN ISSUED TO THE INSURED NAMED HEREIN FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THE CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, CONDITIONS AND EXCLUSIONS OF SUCH POLICIES. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

CO LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS	
E	GENERAL LIABILITY X COMMERCIAL GENERAL LIABILITY X CLAIMS MADE ☐ OCCUR OWNER'S & CONTRACTOR'S PROT X PROFESSIONAL LIABILITY X MANAGED CARE E&O	6793813	11/11/05	11/11/06	GENERAL AGGREGATE PRODUCTS - COMP/OP AGG PERSONAL & ADV INJURY EACH OCCURRENCE FIRE DAMAGE (Any one fire) MED EXP (Any one person)	$ See Page 2 $ $ $ $ $
A	AUTOMOBILE LIABILITY X ANY AUTO ALL OWNED AUTOS SCHEDULED AUTOS X HIRED AUTOS NON-OWNED AUTOS X PHYSICAL DAMAGE	TJ-CAP-449J660-3-06 $5,000 DED. COMP. $5,000 DED COLL.	07/01/06	07/01/07	COMBINED SINGLE LIMIT BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE	$ 1,000,000 $ $ $
	GARAGE LIABILITY ANY AUTO				AUTO ONLY - EA ACCIDENT OTHER THAN AUTO ONLY: EACH ACCIDENT AGGREGATE	$ $ $
B	EXCESS LIABILITY X UMBRELLA FORM OTHER THAN UMBRELLA FORM	XHL G21685008 004	11/11/05	11/11/06	EACH OCCURRENCE AGGREGATE	$ 10,000,000 $ 10,000,000 $
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	TC2HUB449J927306 ALL STATES	07/01/06	07/01/07	X WC STATU-TORY LIMITS ☐ OTH-ER EL EACH ACCIDENT	$ 1,000,000
C	THE PROPRIETOR/ PARTNERS/EXECUTIVE OFFICERS ARE: ☐ INCL ☐ EXCL	TRJUB449J928506 AZ & MA	07/01/06	07/01/07	EL DISEASE-POLICY LIMIT EL DISEASE-EACH EMPLOYEE	$ 1,000,000 $ 1,000,000
D	OTHER PROPERTY, BUILDING, PERSONAL PROPERTY, BOILER	KTJCMB5450856305	07/01/06	09/01/06	LIMIT: $125,000,000 DEDUCTIBLE: $100,000 PER OCCURRENCE	

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS

CERTIFICATE HOLDER

"EVIDENCE OF COVERAGE"

CANCELLATION

SHOULD ANY OF THE POLICIES DESCRIBED HEREIN BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE INSURER AFFORDING COVERAGE WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED HEREIN, BUT FAILURE TO MAIL SUCH NOTICE SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER AFFORDING COVERAGE, ITS AGENTS OR REPRESENTATIVES, OR THE ISSUER OF THIS CERTIFICATE.

MARSH USA INC.

BY: Susan B. Vignone Susan B. Vignone

MM1(3/02)

VALID AS OF: 08/14/06

ADDITIONAL INFORMATION

CLE-001434901-05 | DATE (MM/DD/YY) 08/14/06

PRODUCER

MARSH USA, INC.
THREE JAMES CENTER
1051 EAST CARY STREET, SUITE 900
RICHMOND, VA 23219

COMPANIES AFFORDING COVERAGE

COMPANY
E LEXINGTON INSURANCE CO

COMPANY
F

INSURED

FirstLab
1364 Welsh Road, Suite C2
North Wales, PA 19454

COMPANY
G

COMPANY
H

TEXT

THE EXCESS POLICY PROVIDES GENERAL LIABILITY (INCLUDING CONTRACTUAL LIABILITY) HEALTHCARE PROFESSIONAL LIABILITY, MANAGED CARE E&O OVER A SELF INSURED RETENTION OF $2,500,000. IN ADDITION THE EXCESS POLICY PROVIDES EXCESS OVER THE AUTO AND THE EMPLOYERS LIABILITY.

LIMITS:

EXCESS PROFESSIONAL LIABILITY	$15,000,000
MANAGED CARE E&O	$15,000,000
GENERAL AGGREGATE	$15,000,000

Coverage includes Personal & Advertising Injury and Products-Completed Operations Aggregate

CRIME POLICY, CARRIER: NATIONAL UNION FIRE INS CO OF PITTSBURGH, PA, POLICY NUMBER 004936811, EFFECTIVE 08/31/05 - 08/31/06

CERTIFICATE HOLDER

"EVIDENCE OF COVERAGE"

MARSH USA INC. BY

Susan B. Vignone Susan B. Vignone

NATALIE P. HARTENBAUM, M. D., M.P.H., F.A.C.O.E.M.
President and Chief Medical Officer
OccuMedix, Inc
P.O. Box 197
Dresher, PA 19025
(215) 646-2205
FAX (215) 542-9843
NataH@comcast.net

LICENSES AND CERTIFICATIONS:

Board Certified - Internal Medicine
Board Certified - Occupational Medicine
Master's of Public Health in Occupational Medicine
Fellow of the American College of Occupational and Environmental Medicine

Medical Review Officer - Certified 1996, re-certified 2001
Breath Alcohol Technician - Certified 1995
Active Medical License in Pennsylvania

EDUCATION:

1991-1993	M.P.H., Occupational Medicine, Medical College of Wisconsin, Milwaukee, Wisconsin
1981-1985	M.D., Temple University School of Medicine, Philadelphia, Pa.
1977-1981	B.A., Biology, Temple University, Philadelphia Pa.

PROFESSIONAL EXPERIENCE:

President and Chief Medical Officer – OccuMedix, Inc – Dresher, PA 1999 - current
Provide occupational health and safety consulting services to various size companies, professional organizations, hospitals and clinics. Expert medical review and litigation support on issues of the American's with Disability Act and fitness for duty. Special expertise in transportation industry fitness issues.

- Develop and deliver occupational health and safety programs.
- Conduct training programs for physicians, heath care professionals, employers and workers.
- Audit and oversee fitness for duty and other occupational health programs
- Design policies and procedures on medical fitness programs, drug and alcohol testing.
- Medical support and case management of occupational disability claims.
- Consultant on Federal Transit Administration – Medication Toolbox project
- Consultant on Federal Railroad Administration Medical Standards in the Railroad Industry project
- Railroad Retirement Board Occupational Disability Advisory Committee
- Participated in FMCSA Hours of Service Literature Review
- Medical Director Federal Reserve Bank – Philadelphia
- Medical Director – Caresys, a division of MCMC, LLC

Medical Director - Consolidated Rail Corporation (Conrail), Philadelphia, Pa. 1996 - 1999
Provided medical direction for 20,000-employee company spanning 13 states and represented by 18 unions. Revised medical standards guide and managed Conrail Fitness-for -duty program and team. Acted as Medical Review officer and managed controlled substance and alcohol testing program. Medical liaison to threat assessment (violence in the workplace) team. Served as point of contact for fee-for-service physicians and provided final review and approval/disqualification for Conrail employees both for federal regulations and internal policies.

- Updated medical policies on respiratory protection, lead surveillance, heating conservation and hazardous material workers program, assuring compliance with new Federal regulations.
- Coordinated vendors and provided oversight for vendor managed programs. Improved vendor and contractor performance.
- Provided medical support for Americans with Disabilities, Family Medical Leave Act, Federal Employer Liability Act (worker's compensation) cases including litigation. Contributed to winning of major class action suit.

Independent Consultant, Occupational and Environmental Medicine 1993- 1999
Consulted with companies, professional organizations, hospitals and clinics, providing guidance on various aspects of occupational health and safety.

- Developed and delivered training programs for physicians, heath care professionals, employers and workers in occupational health programs and policies.
- Audited occupational health programs and designed policies and procedures.
- Performed utilization and peer reviews for insurance companies and under Pennsylvania Worker's Compensation Law.
- Provided case review for insurance companies.
- Furnished medico-legal support for fitness for duty and ADA cases

Associate Medical Director, CentraMed Occupational Health Specialists 1995-1996
Designed, implemented and managed surveillance and physical examination programs for multi- center occupational medicine organization.

- Performed, oversaw and trained staff in spirometry, audiometry, DOT physical examinations and other surveillance programs.
- Provided care to injured workers, coordinated referrals, additional testing and return to work.
- Performed Utilization Reviews and Independent Medical Evaluations.

Medical Director, Industrial Health Care Center, Levittown, Pa. 1994-1995
1989-1993

Provided occupational health services to over 300 companies through freestanding occupational medical clinic. Trained clinic staff in all aspects of occupational health.

- Developed, implemented, performed and provided training for OSHA surveillance programs, drug testing programs, Bloodborne Pathogen and Tuberculosis control programs, fitness for duty programs.
- Advised clients on ADA compliance and the newly enacted Pennsylvania Worker's Compensation Law.
- Provided acute medical care and worker's compensation management.

Occupational Health Physician, Merck and Co., Inc., West Point, Pa. 1993-1994
Provided and coordinated acute medical care and primary medical care for occupational and non-occupational medical conditions.

- Coordinated Worker's Compensation program to safely return employees to work, interacting with Safety department, Industrial Hygiene, Human Resources and supervisors.
- Worked with Legal and Human Resources department and union representatives to bring company into compliance with new Pennsylvania Worker's Compensation Law.
- Supervised Emergency Response team.
- Designed and managed database for absence and disability monitoring.

Emergency Room Staff Physician, Veterans Administration Hospital of New Orleans, New Orleans, LA. 1988-1989

MEDICAL TRAINING:

1997- 1998	Residency (Chief Resident) Occupational and Environmental Medicine, Thomas Jefferson University Hospital, Philadelphia, PA
1987-1989	Residency, Internal Medicine, Tulane University School of Medicine, New Orleans, LA
1985-1987	Residency and Internship Internal Medicine, Abington Memorial Hospital, Abington, PA

Faculty Appointments:

University of Pennsylvania – Adjunct Assistant Professor- Emergency Medicine/ Occupational Medicine – 2000 - current
Tulane University School of Medicine - Clinical Instructor 1988-1990
University of Pennsylvania School of Nursing - Clinical Preceptor - 1996

Presentations

American College of Occupational and Environmental Medicine, State of the Art Conference. The Commercial Driver Medical Examiner – Course Director and lecturer.. Chicago, Il. October 26, 2005.

American College of Occupational and Environmental Medicine, State of the Art Conference. Sleep Disorder in Transportation Workers. Chicago, Il October 28, 2005.

Carolinas Occupational and Environmental Medicine Association Annual Meeting. Commercial Driver Medical Examinations. Myrtle Beach, SC. October 14, 2005

Northeast Regional Occupational Health & Safety Conference. Commercial Driver Medical Examinations; Current Issues. Wilkes-Barre, PA.. October 7, 2005.

Mayo Clinic Scottsdale Grand Rounds in Occupational Medicine. - Update on DOT Exams and Transportation Medicine; Focus on Cardiovaascular Diseases, Hypertension and Sleep Disdorders. Scottsdale, AZ. September 13, 2005.

Fremont Hospital – HealthLink – What Every Employer Needs to Know about DOT Medical Examinations. June 6, 200. Perrysburg, OH

American College of Occupational and Environmental Medicine. American Occupational Health Conference. Update and Case Studies in Commercial Driver Medical Fitness. – Session Director and lecturer. Washington, DC. May 1, 2005

American College of Occupational and Environmental Medicine. American Occupational Health Conference. Transportation Fitness for Duty: What Can and Did Go Wrong. – Session Director and lecturer. Washington, DC. May 2, 2005

New England College of Occupational and Environmental Medicine. Commercial Driver Medical Fitness. Bedford, MA. December 21, 2004

American College of Occupational and Environmental Medicine. The Commercial Driver Medical Examiner – Course Director and lecturer. San Antonio, TX. November 6, 2004.

American College of Occupational and Environmental Medicine, State of the Art Conference. Occupational Medicine Basic Curriculum: Fitness for Duty in the Transportation Industry. San Antonio, TX. November 6, 2004

American College of Occupational and Environmental Medicine, State of the Art Conference. Current Issues in Commercial Driver Medical Certification: Focus in Cardiac and Hypertension. San Antonio, TX. November 6, 2004

American College of Occupational and Environmental Medicine, State of the Art Conference. Neurologic Issues in Fitness for Duty. San Antonio, TX. November 6, 2004

Kentucky Medical Association, Occupational Medical Section. Current Issues in Commercial Driver Medical Certification. Louisville, KY. September 21, 2004.

Kentucky Safety & Health Network, Inc. Employer Responsibility and Current Topics in Commercial Driver Medical Fitness. Louisville, KY. September 21, 2004.

SEAK. 25th Anniversary National Workers' Compensation and Occupational Medicine Conference. Commercial Driver Medical Fitness, What's New? Hyanni, MA. July 22,2004.

Abington Memorial Hospital Grand Rounds. Assessing and Counseling the Older Driver. Abington, PA. June 31, 2004.
Environmental and Occupational Health Services Sciences Institute. Resident Grand Rounds. The Commercial Driver Medical Examination. Piscataway, NJ. June 8, 2004.

American College of Occupational and Environmental Medicine, American Occupational Health Conference. Sleep and Fatigue in Transportation Operations. Kansas City MO. May 5, 2004.

American College of Occupational and Environmental Medicine, American Occupational Health Conference. Fitness for Duty, Can the Employee Work Safely, or Not?. Kansas City MO. May 6, 2004.

American Association of Occupational Health Nurses, American Occupational Health Conference. Current Issues in Commercial Driver Medical Certification. Kansas City MO. May 5, 2004.

Philadelphia Occupational and Environmental Medicine Society. What's New? Commercial Driver Medical Examinations and Drug Testing. Plymouth Meeting, PA. March 31, 2004.

Midwest Business Group on Health. New FMCSA Cardiovascular Guideleins: Focus on Ischemic Heart Disease and Hypertenstion. Chicago, Il. April 21, 2004.
York Community Hospital Family Practice Grand Rounds. Can your patient drive? Beyond the medical issues. York, PA January 8, 2004.

American College of Occupational and Environmental Medicine, State of the Art Conference. Fitness for Duty: Evidence Based or Voodoo. Session Moderator and Cardiac Issue in Commercial Driver Medical Certification. Toronto, Canada. October 14, 2003.

NovaCare Regional Meeting. Update in Commercial Driver Medical Certification. King of Prussia, PA. September 30, 2003.
Western Occupational Health Conference. The Commercial Driver Medical Certification Examination. Napa Valley, CA. September 21, 2003.

American College of Occupational and Environmental Medicine. The Commercial Driver Medical Examiner – Course Director and lecturer. New York, NY. July 25, 2003.

Philadelphia Occupational and Environmental Medicine Society. Update on Commercial Driver Medical Examinations and Drug Testing. Plymouth Meeting, PA May 14, 2003.

American College of Occupational and Environmental Medicine, American Occupational Health Conference. Medical Review Officer Controversies. Atlanta, GA. May 6, 2003.
American College of Occupational and Environmental Medicine, American Occupational Health Conference. Current Issues in Commercial Driver Medical Certification. Atlanta, GA. May 6, 2003.

American Academy of Occupational Health Nurses. American Occupational Health Conference. Current Issues in Commercial Driver Medical Certification. Atlanta, GA. May 7, 2003

American College of Occupational and Environmental Medicine, Occupational and Environmental Medicine. Basic Curriculum – Introduction to Commercial Driver Medical Fitness. Atlanta, GA. May 3, 2003

Landstar Safety Council. The Commercial Driver Medical Examination, What an Employer Needs to Know. Jacksonville, FL. March 25, 2003.

American College of Occupational and Environmental Medicine. The Commercial Driver Medical Examiner – Course Director and lecturer. Baltimore, MD, October 24, 2002.
Deep South Center for Occupational Health and Safety. The Commercial Driver Medical Examination: Current and Complex Issues. Destin, FL September 20, 2002.

Susquehanna Health System – Visiting Professor. Doctor, This commercial driver is on the same roads as your spouse and children. Williamsport, PA June 14, 2002

Susquehanna Health System –Grand Rounds . Is your patient able to work safely? Or not? Williamsport, PA June 14, 2002

6th Annual National Medical Directors' and Clinic Directors' Conference. Ryan Associates Transportation Industry Update: Helping Your Clients Achieve and Maintain Compliance. New York, NY May 31, 2002.

Annual Meeting - American Academy of Physician Assistants - The FHWA (DOT) Medical Examination for Physician Assistants. Boston, MA May 30,2002.

American College of Occupational and Environmental Medicine, American Occupational Health Conference Medical Review Officer Controversies. Chicago IL. April 16, 2002.
American College of Occupational and Environmental Medicine, American Occupational Health Conference. Current Issues and Complex Cases in Commercial Driver Medical Certification. Chicago IL. April 17, 2002.

American Association of Occupational Health Nurses. American Occupational Health Conference. Current Issues in Commercial Driver Medical Certification. Chicago, IL. April 18, 2002.

Temple University School of Medicine. Internal Medicine Residents, Ambulatory Care Conference. Introduction to Occupational Medicine. February 25, 2002

Johns Hopkins Grand Rounds. Transportation Operations: Medical Conditions and Safety – Baltimore. December 3, 2001

Ryan Associates and University Of Iowa College of Medicine. Drug Testing Evolution and Controversies. Web – audio conference. November 28, 2001.

Johns Hopkins Occupational Medicine Residents. The Commercial Driver Medical Certification Examination. Baltimore. December 3, 2001
National Transportation Board/ Food and Drug Administration Public Hearing on Transportation Safety and Potentially Sedating or Impairing Medication. Invited witness. November 15, 2001.

The Commercial Driver Medical Examiner – Course Director and lecturer. American Occupational Health Conference, American College of Occupational and Environmental Medicine. Seattle, WA October 27, 2001

Concentra Southeast Region Conference. Determining Medical Fitness in Commercial Drivers. Atlanta September 23, 2001. Webcast

American Occupational Health Conference, American College of Occupational and Environmental Medicine. The Commercial Driver Medical Examiner – Course Director and lecturer. San Francisco, CA. April 21, 2001.

American Association of Occupational Health Nurses, American Occupational Health Conference. Current Issues in Commercial Driver Medical Certification. San Francisco, CA. April 25, 2001.

American Occupational Health Conference. Advanced Medical Review Officer Issues. San Francisco, April 24, 2001.

Millender Occupational Medicine Conference. Current and Complex Issues in Commercial Driver Medical Certification. Boston MA, March 23, 2001.

Mid-Atlantic Regional Conference on Occupational Medicine. Current Issues in Commercial Driver Medical Certification. Philadelphia, PA, March 16, 2001

Pottstown Memorial Medical Center – Occupational Health Seminar for Business and Industry. The DOT Medical Examination, what every employer needs to know. Pottstown, PA, March 12, 2001

Oklahoma College of Occupational and Environmental Medicine. Current and Complex Issues in Commercial Driver Medical Certification. Oklahoma. November 10, 2000

Michigan Occupational and Environmental Medicine Society Annual Meeting. Current Issues in Commercial Driver Medical Certification and An Overview of Complex Issues in Commercial Driver Medical Certification. Saginaw Michigan September 15, 2000.

Twentieth Anniversary National Workers' Compensation and Occupational Medicine Seminar. Fitness for Duty Exams: A to Z. Hyannis, MA July 25, 2000.

Monsanto International Medical Directors Conference – Commercial Driver Medical Fitness; an International Perspective. June 30, 2000

Concentra Medical Centers – The Federal Highway Medical Examination – What Employers Need to Know. York, Reading, Lancaster, Harrisburg Pennsylvania and Baltimore Maryland – Multiple dates, 2000

American Occupational Health Conference – American College of Occupational and Environmental Medicine – Ask the Expert – Regulatory Issues – Philadelphia, PA. May 18, 2000.

American Occupational Health Conference – American College of Occupational and Environmental Medicine – Key Developments in Occupational Medicine – The Year in Review (moderator) – Philadelphia, PA. May 16, 2000.

American Occupational Health Conference – American College of Occupational and Environmental Medicine – Advanced Issues in Commercial Driver Medical Evaluation – Philadelphia, PA. May 16, 2000.

American Occupational Health Conference – American Association of Occupational Health Nurses – Occupational Health Nurses and the Federal Highway Medical Examination. Philadelphia, PA. May 15, 2000.

Central State Occupational Medicine Association – Recent Issues in the Commercial Driver Medical Examination – Chicago, Illinois. March 16, 2000

Abington Memorial Hospital Grand Rounds – Should Your Patient Drive? Beyond the Medical Issues. Abington, PA. March 22, 2000.

Organization Resource Counselors. DOT's Proposed Rules on Procedures for Transportation Workplace Drug and Alcohol Testing Programs. Washington, DC. February 1, 2000.

Rocky Mountain Academy of Occupational and Environmental Medicine Annual Conference. Keynote Speaker – Public Safety and the Occupational Health Professional. Denver CO. January 21, 2000
Rocky Mountain Academy of Occupational and Environmental Medicine Annual Conference. Recent Developments in Commercial Driver Medical Fitness. Denver Co. January 21, 2000.

National Transportation Safety Board – Invited Witness –Commercial Driver Oversight – New Orleans Bus Accident. Medical Certification. New Orleans LA. January 20, 2000.

National Transportation Safety Board – Invited Witness – Commercial Driver Oversight – NAFTA – Discussion of the commercial drivers license medical certification process. Los Angeles CA. October 21, 1999

American College of Occupational and Environmental Medicine State of the Art Conference – Hot issues in Commercial Driver Medical Certification. San Antonio, AZ. October 19, 1999.
Johns Hopkins University, School of Public Health, Occupational Medicine Grand Rounds – An introduction to Commercial Driver Medical Fitness. Baltimore MD, October 7, 1999.
Mid Atlantic Conference on Occupational Medicine – FHWA Medical Certification, What's New? Philadelphia, PA, September 17, 1999.

Annual Meeting - American Academy of Physician Assistants - The FHWA (DOT) Medical Examination for Physician Assistants. Atlanta, GA June 3, 1999.

Robert Wood Johnson Hospital Occupational Health Breakfast Seminar. The DOT Physical – Who Needs it and Why. Hamilton, New Jersey, May 11, 1999

Robert Wood Johnson Hospital Occupational Health Breakfast Seminar. The Importance of Drug Testing in the Workplace. Hamilton, New Jersey, May 11, 1999

American Osteopathic College of Occupational and Preventive Medicine – Brent V. Lovejoy lecture – Current Issues in DOT Medical Certification. Kansas City, MO. April 25, 1999.

American Occupational Health Conference – American Association of Occupational Health Nurses – Occupational Health Nurses and the Federal Highway Medical Examination. New Orleans, LA. April 26, 1999.
American Occupational Health Conference (ACOEM) - Practical Approach to the FHWA (DOT) Medical Certification Examination (moderator and lecturer) – New Orleans, LA. April 27, 1999.

Mid-Atlantic Regional Conference on Occupational Medicine - FHWA Medical Examinations; What's Hot, What's Not. Williamsburg, VA. November 14, 1998

New York Upstate College of Occupational and Environmental Medicine - Medical Review Officer Issues - Recent Updates. Buffalo, New York. October 2, 1998

Metropolitan Washington College of Occupational Medicine - The Commercial Driver's Medical Examination: Current and Future Practices. Washington, D.C. September 16, 1998

Annual Meeting - American Academy of Physician Assistants - The FHWA (DOT) Medical Examination for Physician Assistants. Salt Lake City, Utah May 26, 1998.

American Occupational Health Conference - Practical Approach to the FHWA (DOT) Medical Certification Examination (moderator and lecturer) - Boston, MA. April 28, 1998

American Occupational Health Conference - Transportation Medicine and the Internet - Boston, MA. April 29 and 30, 1998

State of the Art Conference – American College of Occupational and Environmental Medicine - Update on the Federal Highway Examination Process. Nashville, TN. October 1997
Mid-Atlantic Regional Conference on Occupational Medicine - Update on the Federal Highway Examination Process. Baltimore, MD Sept. 1997.

Occupational Medicine Residents Seminar Series. Environmental and Occupational Health Sciences Institute. Piscataway, New Jersey. - The Medical Examination of the Federal Highway Administration June 1997

American Occupational Health Conference - Navigating the Information Superhighway: Online Services, Databases and Search Tools. Orlando, May 1997

University of Pennsylvania Occupational Health Nurses program - Occupational and Environmental Health Resources on the Internet. March 1997

American Occupational Health Conference - The DOT Medical Certification Process:
1. Complex Cardiovascular and Pulmonary Conditions
2. An Ideal DOT Examination
Orlando, May 1997

New England College of Occupational and Environmental Medicine -The Federal Highway Administration Medical Examination: The Regs, The Science, The Future - Boston 1996

State of the Art Conference (ACOEM) - The DOT Medical Certification Process: Avoiding Pitfalls and Problems, Toronto, October 1996

American Occupational Health Conference - Navigating the Information Superhighway: An Introduction for Occupational Physicians. San Antonio, Tx. May 1996

American Occupational Health Conference - The DOT Medical Certification Process: Avoiding Pitfalls and Problems, Las Vegas, May 1995

Philadelphia Occupational and Environmental Medicine Society - Computers in Occupational Medicine: Information Access and Retrieval, September 1995

Publications

Hartenbaum NP (ed.). The DOT Medical Examination: A guide to the commercial driver medical certification. OEM Press, Beverly Farms, MA. Third Edition 2003, Second Edition 2000, First edition 1997.

Hartenbaum, NP. (Editor in Chief) CDME (Commercial Driver Medical Examiner) Review (Quarterly Newsletter) American College of Occupational and Environmental Medicine, Chicago, IL.

Aranoff GM, Erdil M, Hartenbaum, NP. Medications, Driving and Work. in Talmadge JB and Melhorn JM. A Physician's Guide to Return to Work. AMA Press2005.

Gertler J, Hartenbaum N, Viale A, Wittels E, Ellis SH. Medical Standards for Railroad Workers. Department of Transportation, Federal Railroad Administration. Report DOT/FRA/RRS-05/01. January 2005

Hartenbaum, NP. Editorial Board – OEM Report OEM Press, Beverly Farms, MA 2003-current.

Hartenbaum NP. FMCSA Cardiovascular Advisory Panel's New Guidelines for the Medical Examination of Commercial Drivers. OEM Report 2003;17(4):21-24.

Hartenbaum, NP. New Focus Areas in the Commercial Driver Medical Fitness Examination; The Revised Medical Examination Form. Clin Occup Environ Med. 2003;3(1):1-10.

Hartenbaum, NP. Fitness to work in commercial drivers. In Disability Evaluation. Demeter SL, Andersson CBJ, Smith GM. American Medical Association, Second edition. Mosby, St. Louis, MO 2003.

Hartenbaum, NP. Fitness for Duty in the Transportation Industry in A Practical Approach to Occupational and Environmental Medicine, McCunney RJ Third Edition. Little, Brown & Co)

Hartenbaum, NP. Medical fitness issues for commercial drivers. Clin Occup Environ Med 2002;2:125-138.

Hartenbaum, NP. Alphabet soup: Acronyms and authority of agencies, administrations, and non-governmental organizations in the transportation industry. Clin Occup Environ Med 2002;2:1-9.

Hartenbaum, NP. Clinics in Occupational and Environmental Medicine: Fitness for Duty in the Transportation Industry. Guest Editor. February 2002. WB Saunders, Philadelphia.

Hartenbaum, NP Medical Information: Medical examination report for commercial driver fitness determination. Occupational Health Tracker Magazine, Spring 2001.

Hartenbaum NP. Screening for color vision testing *should* be black and white, but screening should not constitute the final answer. (letter) JOEM 2001:43:197-198.

Hartenbaum NP. COX-2 specific inhibitors: A new class of nonsteroidal anti-inflammatory agents. OEM Report 1999;13(7):41-44

Hartenbaum, NP, Brock A. Glomus tumor: An unusual cause for delayed return to work after back injury. (letter) JOEM 2000;42:2-3.

Pommerenke F, Hegmann K, Hartenbaum NP. DOT Examinations: practical aspects. American Family Physician 1998;58(2):415-426.

Hartenbaum NP. The X-Chrom Lens and color deficiency - Occupational Medicine Forum, JOEM 1998;40:518-519

Hartenbaum NP. Sleep, drowsiness and the commercial driver. OEM Report 1998;12(1):1-5.

Hartenbaum NP. CDL Medical Certification Update. Occupational Medicine Clinical Care Update (NAOHP) 1997 Vol. 4, No. 12.

Hartenbaum NP and Stack CM. Color vision deficiency and the X-Chrom lens. Occupational Health and Safety Sept. 1997:36-38.

Hartenbaum N and Kelafant G. Telecommunication and CD-ROM Resources for Occupational and Environmental Medicine Physicians. in Directory of Occupational Health and Safety Software, ACOEM, 1996

Hartenbaum,NP in Leopold, R. 1997 OEM Internet Companion. OEM Press, Beverly Farms, MA 1997

Professional Organzations:

American College of Occupational and Environmental Medicine

- ACOEM Board of Directors – 2000 – 2006
- ACOEM Chair Board Committee on Policy, Procedure and Public Position – 2005 - 2006
- ACOEM Chair Committee to Update and Revise the ACOEM Policy Manual 2004-2005
- ACOEM Finance Committee – 2004 - 2005
- ACOEM Bylaws Committee 2003- 2005
- ACOEM Co-Chair Council on External Affairs – 2002 - 2003
- ACOEM - Council on Special Occupational Health Interests – Co-Chair 2000-2002, Chair 2002-2003, 2004 – current
- ACOEM – Committee on Distributive Governance – Chair – 2001-2002
- American Occupational Health Conference Planning Committee – 2003
- ACOEM Representative to the Federal Highway Administration Negotiated Rulemaking Committee- Commercial Driver's License and Medical Exam Process – 1996 – ongoing representative for FMCSA medical fitness
- Transportation Section
  - Co-Chair 1999
  - Chair 1997- 1999, 2001 - current
  - Secretary 1996

Philadelphia Occupational and Environmental Medicine Society

- President 2000 - 2002
- President-elect 1998 – 2000
- Fellowship committee- chair – 1998 - 2000
- Secretary 1996
- Membership Chairperson - 1995
- Placement Chairperson - 1993-1994
- Mid Atlantic Conference on Occupational Medicine – Program chair. Philadelphia, PA, September 17 – 19, 1999.

Residency Advisory Committee - Thomas Jefferson University –
Occupational and Environmental Medicine Residency – 1997-1999

Honors and Awards

American College of Occupational and Environmental Medicine – President's Award 2005

Community Activities

Delaware Valley Science Fair – Judge – 1989 - current
Upper Dublin Soccer Club – Coach – 2001-2002
Intramural League Coordinator – 2002 – current
Girls Travel Commissioner 2004- current
Field Coordinator current
Upper Dublin Sechool District
Strategic Planning Steering Committee – 2003 – current
Technology Committee – 2003- current
Jarrettown Elementary School –
Student Directory Committee Co-chair– 2000-2003
Science Fair – Chair 2000-current
Webmaster – 2000 – current
PTA secretary 2002-current
Girl Scouts of Eastern Pennsylvania – Cookie Mom – 2001, 2002, 2003

Further information on research, publications and references available upon request

TEMPLE · UNIVERSITY

OF · THE · COMMONWEALTH · SYSTEM · OF · HIGHER · EDUCATION

BY · AUTHORITY · OF · THE · BOARD · OF · TRUSTEES · AND · UPON · RECOMMENDATION
OF · THE · FACULTY · HEREBY · CONFERS · UPON

Natalie Sheryl Freeman

THE · DEGREE · OF

Doctor of Medicine

TOGETHER · WITH · ALL · THE · RIGHTS · PRIVILEGES · AND · HONORS · APPERTAINING
THERETO · IN · RECOGNITION · OF · THE · SATISFACTORY · COMPLETION
OF · THE · COURSE · PRESCRIBED · BY · THE · FACULTY · OF · THE · UNIVERSITY

IN · TESTIMONY · WHEREOF · THE · UNDERSIGNED · HAVE · SUBSCRIBED
THEIR · NAMES · AND · AFFIXED · THE · SEAL · OF · THE · UNIVERSITY

GIVEN · AT · PHILADELPHIA · PENNSYLVANIA · ON · THIS · TWENTY-THIRD · DAY
OF · MAY · NINETEEN · HUNDRED · AND · EIGHTY-FIVE

Richard Ots
CHAIRMAN · OF · THE · BOARD · OF · TRUSTEES

William C. Sayler
SECRETARY · OF · THE · UNIVERSITY

TEMPLE UNIVERSITY

Peter Liacouras
PRESIDENT · OF · THE · UNIVERSITY

Robert Secrest M.D.
DEAN

The Medical College of Wisconsin

has conferred on

Natalie Pressman Hartenbaum

the degree of

Master of Public Health

with all the rights and privileges thereunto appertaining.
In Witness Thereof, this diploma is granted by the
Board of Directors upon recommendation of the Faculty.
Presented at Milwaukee, Wisconsin, this 15th day of May, 1993.

Chairman, MCW Board of Directors

THE MEDICAL COLLEGE OF WISCONSIN

President and CEO

Dean and Executive Vice President

THE AMERICAN BOARD OF INTERNAL MEDICINE

INCORPORATED 1936

ATTESTS THAT

Natalie Pressman Hartenbaum

HAS MET THE REQUIREMENTS OF THIS BOARD AND IS HEREBY

DESIGNATED A DIPLOMATE CERTIFIED IN

THE SPECIALTY OF

INTERNAL MEDICINE

CHAIRMAN

CHAIRMAN-ELECT

SECRETARY-TREASURER

PRESIDENT

NUMBER 117303

DATE

SEPTEMBER 15, 1988

FORM 300-1 88

Medical Physician and Surgeon Number	License Status	Expiration Date
36433E	Active	12/31/2006

RESSMAN HARTENBAUM
HOUSE ROAD
PA 19002

OFFICIAL DOCUMENT

READ THE FOLLOWING INFORMATION CAREFULLY CONCERNING YOUR LICENSE:

1. SIGN THE WALLET CARD AND CERTIFICATE WHERE INDICATED.
2. DETACH THE WALLET CARD AND CERTIFICATE AT PERFORATION.

NATALIE PRESSMAN HARTENBAUM
1600 WHITEHOUSE ROAD
MAPLE GLENN PA 19002

DISPLAY THIS CERTIFICATE PROMINENTLY • NOTIFY AGENCY WITHIN 10 DAYS OF ANY CHANGE

Commonwealth of Pennsylvania
Department of State
Bureau of Professional and Occupational Affairs
PO Box 2649 Harrisburg PA 17105-2649

02 008486

ase Type

ical Physician and Surgeon

License Status

Active

Initial License Date

08/06/1986

LIE PRESSMAN HARTENBAUM
WHITEHOUSE ROAD
E GLENN PA 19002

License Number

MD036433E

Expiration Date

12/31/2006

MROCC

Medical Review Officer Certification Council

Certifies that

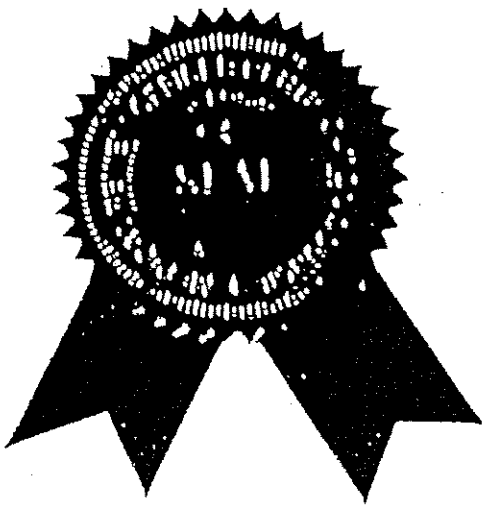
Natalie P. Hartenbaum, M.D., M.P.H.

has successfully met all eligibility and examination criteria

and is hereby designated a

Certified Medical Review Officer

This certification is valid for six years.



Effective this 21st day of November 2001

Expires on 21st day of November 2007

01-04706

E. A. Shapiro MD
Chairman, Board of Directors

Benjamin Person MD
Secretary, Board of Directors

The American [illegible] Medicine

Inc [illegible]

Organized to Encourage the Study, Improve the Practice and Advance the Cause of Preventive Medicine

This Certifies that

Natalie Pressman Hartenbaum, M.D., M.P.H.

having demonstrated to the satisfaction of this Board possession of special knowledge, is therefore certified for proficiency and specialization in

Occupational Medicine

CORPORATE SEAL

January 22, 1999 to
January 22, 2009

Certificate No. 24364

Dorothy L. Lane, M.D.
CHAIR

VICE CHAIR

SECRETARY-TREASURER

Jeffrey R. Blumenthal, MD
Medical Review Officer

FirstLab

1364 Welsh Road, Suite C-2
North Wales, PA 19454-1913
800-732-3784

Brief Biography

Dr. Blumenthal attended the University of Virginia from 1968-1971 where he studied pre-med and was a member of the Biological Honor Society. He received his MD in 1975 from Hahnemann Medical College in Philadelphia with Honors in Surgery. His residency was performed at the Geisinger Medical Center and he was board certified in Internal Medicine in 1978. Dr. Blumenthal has had a Family Practice in Internal Medicine since 1978 at the Fairless Hills Medical Center. He has general medical privileges at the St. Mary Medical Center and Delaware Valley Medical Center, both in Langhorne, PA. He is a member of the American Medical Association.

Curriculum Vitae

Jeffrey R. Blumenthal, M.D.
Medical Review Officer

FirstLab
1364 Welsh Road, Suite C-2
North Wales, PA 19454

EDUCATION

School	Date
AED, University of Virginia	1971
MD, Hahnemann Medical College	1975

RESIDENCY

Geisinger Medical Center 1975-1978

LICENSURE

Pennsylvania - MD017878E

EXPERIENCE

Family Practice, Internal Medicine - Fairless Hills Medical Center 1978-Present
General Medical Privileges - St. Mary Medical Center 1978-Present
General Medical Privileges - Delaware Valley Medical Center 1988-Present

TEACHING AFFILIATIONS

Preceptor Instructor, Hahnemann University Medical Department

MEMBERSHIPS

American Board of Internal Medicine
American College of Physicians
Bucks County Medical Society
Pennsylvania Medical Society
American Medical Association

AAMRO

American Association of Medical Review Officers

THIS IS TO CERTIFY THAT

Jeffrey B. Blumenthal, M.D.

having presented to the Executive Board of the American Association of Medical Review Officers satisfactory evidence of prescribed qualifications and having passed an approved examination before the

American Association of Medical Review Officers

accordance with national standards of competency and expertise established for Medical Review Officers, is hereby accredited and designated as a

Certified Medical Review Officer

and by order of the AAMRO Board has been entered as such in the AAMRO Registry of Certified Medical Review Officers

Given and dated this 14th *day of* April 2002

Chairman

Witnessed and sealed with the Seal of American Association of Medical Review Officers the day and date above written

Cindy Terrell

Certificate Number 20414210

Commonwealth of Pennsylvania Department of State
Bureau of Professional and Occupational Affairs

Medical Physician and Surgeon

License Number	License Status	Expiration Date
MD017878E	Active	12/31/2004

Issued To:
JEFFREY R BLUMENTHAL
333 N OXFORD VALLEY ROAD
SUITE 201
FAIRLESS-HLS PA 19030

OFFICIAL DOCUMENT

READ THE FOLLOWING INFORMATION CAREFULLY CONCERNING YOUR LICENSE

1. SIGN THE WALLET CARD AND CERTIFICATE WHERE INDICATED.
2. DETACH THE WALLET CARD AND CERTIFICATE AT PERFORATION.

JEFFREY R BLUMENTHAL
333 N OXFORD VALLEY ROAD
SUITE 201
FAIRLESS-HLS PA 19030

DISPLAY THIS CERTIFICATE IN A CONSPICUOUS PLACE WITHIN YOUR PLACE OF BUSINESS

01-081426

Commonwealth of Pennsylvania
Department of State
Bureau of Professional and Occupational Affairs
PO Box 2649 Harrisburg PA 17105-2649

License Type

Medical Physician and Surgeon

License Status

Active

Initial License Date

07/01/1975

JEFFREY R BLUMENTHAL
333 N OXFORD VALLEY ROAD
SUITE 201
FAIRLESS-HLS PA 19030

License Number

MD017878E

Expiration Date

12/31/2004

David A. Williams

Acting Commissioner of Professional and Occupational Affairs

Signature

VALID WITHOUT THE DEPARTMENT'S SEAL AND SIGNATURE

THE AMERICAN BOARD OF INTERNAL MEDICINE

INCORPORATED 1916

ATTESTS THAT

Jeffrey May Blumenthal

HAS MET THE REQUIREMENTS OF THIS BOARD AND IS HEREBY DESIGNATED A DIPLOMATE CERTIFIED IN

THE SPECIALTY OF

INTERNAL MEDICINE

SEPTEMBER 13, 1970

Howard M. Strickler, M.D.
Medical Review Officer

FirstLab

1364 Welsh Road, Suite C-2
North Wales, PA 19454
800-732-3784

Brief Biography

Dr. Strickler received his BA in Biology and Chemistry from Berea College in 1975 and his medical degree from the University of Louisville in Louisville, Kentucky in 1979. After completing residency in family practice in Anniston, Alabama in 1982, Dr. Strickler completed two concurrent fellowships, one in addiction medicine at the Willingway Hospital in Statesboro, Georgia and a faculty development fellowship in family medicine at the University of North Carolina, Chapel Hill, North Carolina in June of 1986.

From 1982 to 1985, Dr. Strickler was a solo practitioner in the field of family practice in Monteagle, Tennessee. He then spent a year as staff physician at the Willingway Hospital, Statesboro, Georgia. He has been in family practice and addiction medicine since August of 1986.

Other positions held included Medical Director for 10 years at the New Life Clinic, Bessemer, Alabama, and Medical Director for three years at the Bradford facilities in Birmingham, Alabama.

He has been associated since 1989 with the Chemical Dependency Treatment Program, Bessemer Carraway Medical Center, Bessemer, Alabama, as Medical Director.

He held the position Medical Director of the A & D Program, Mountain View Hospital, Gadsden, Alabama from 1990 to 1992.

As of April of 1990 he is presently President of Employers Drug Program Management, Inc., Birmingham, Alabama.

Dr. Strickler was also Chairman, Department of Family Practice and Emergency Medicine at the Bessemer Carraway Medical Center in Bessemer, Alabama from July of 1993 to July of 1995.

He has also served as Medical Director of AmHealth Services, Inc. since August of 1993.

Dr. Strickler has also served as a member of the Tennis Anti-Doping Appeals Committee for the ATP Tour, Inc. in January of 1997 and October 1997.

In 1992 Dr. Strickler received training and certification as a Medical Review Officer (MRO) from the American Association of Medical Review Officers and was recertified by the same body in 1997.

Howard M. Strickler, M.D.
Medical Review Officer

FirstLab
1364 Welsh Road, Suite C-2
North Wales, PA 19454

EDUCATION

School	Date
B.A., Biology and Chemistry Berea College	1975
M.D. University of Louisville	1979

RESIDENCY

Anniston Family Practice
Anniston, AL

FELLOWSHIP

Fellowship in Addiction Medicine-Willingway Hospital, Statesboro, GA, 1985 - 1986
Faculty Development Fellowship in Family Medicine-University of North Carolina, 1985 - 1986

LICENSURE

License: 9294 Alabama
License: 13909 Georgia
License: 20853 Kentucky
License: 027922 Tennessee

EXPERIENCE

Medical Director, AmHealth Services
Chairman, Department of Family Practice and Emergency Medicine, Bessemer Carraway Medical Center
President, Employers Drug Program Management, Birmingham, AL
Medical Director, A & D Program, Mountain View Hospital, Gadsden, AL
Medical Director, Chemical Dependency Treatment Program, Bessemer Carraway Medical Center
Medical Director, Bradford Facilities, Birmingham, AL
Medical Director, New Life Clinic, Bessemer, AL
Private Family Practice, Birmingham, AL
Staff Physician, Willingway Hospital, Statesboro, GA
Private Family Practice, Monteagle, TN

CERTIFICATIONS

Diplomate, American Board of Family Practice
American Society of Addiction Medicine, 1986
American Association of Medical Review Officers, 1992
Fellow, American Academy of Disability Evaluating Physicians
Diplomate, American Board of Forensic Medicine
Diplomate, American Board of Forensic Examiners

Theodore F. Shults, J.D., M.S.
Chairman
(919) 489-5407

American Association of Medical Review Officers

February 11, 2005

Verification of Certification for: Howard M. Strickler, M.D.
Employers Drug Prog. Mgmt.
616 S. 9th Street
Birmingham AL 35233

Certification Number: 9262844

Certification Date: 06-28-1992

Most Recent Certification or Recertification Date: 02-12-2003

Certification Expires Five Years From This Date

This notice serves a verification that the above-referenced physician has been certified as a Medical Review Officer (MRO) through the American Association of Medical Review Officers (AAMRO). Recertification is required every five years to remain in good standing.

The referenced physician is listed in the AAMRO registry of Certified Medical Review Officers (www.aamro.com).

Theodore F. Shults, J.D., M.S.
Chairman

P.O. Box 12873 • Research Triangle Park, NC 27709 ☎ (919) 489-5407 Fax: (919) 490-1010

To all to whom These Letters shall come, Greeting:

Whereas the Trustees of the University on the recommendation of the University Faculty and by virtue of the authority vested in them have conferred upon

[redacted]

who has satisfactorily pursued the studies and passed the examinations required therefor the degree of

Doctor of Medicine

with all the rights, privileges and honors pertaining thereto.

Given at the University of Louisville in the Commonwealth of Kentucky on the Thirteenth day of May in the year of our Lord the One Thousand Nine Hundred Seventy-ninth, of the City of Louisville the Two Hundred First, of the Commonwealth of Kentucky the One Hundred Eighty-seventh, and of the University of Louisville the One Hundred Eighty-first.

UNIVERSITY OF LOUISVILLE 1798

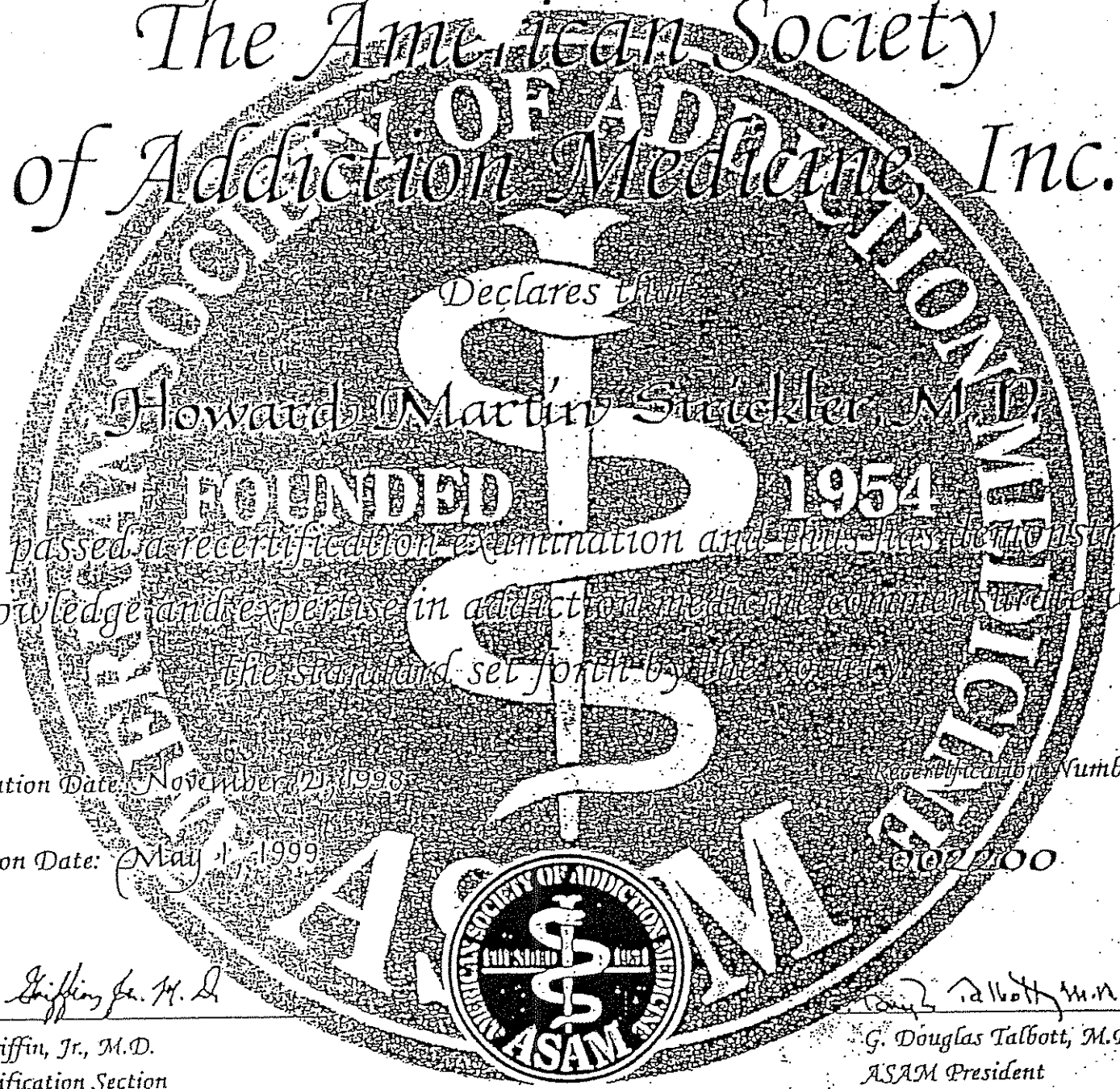
A. Wallace [illegible]
Chairman of the Board of Trustees

James Grier Miller
President of the University

Winthrop Sargent Morrison
Registrar of the University

Peter B. Kaeny, Jr.
Dean of the School of Medicine

The American Society of Addiction Medicine, Inc.



Declares that

Howard Martin Stuckler, M.D.

has passed a recertification examination and thus has demonstrated knowledge and expertise in addiction medicine commensurate with the standard set forth by the Society.

Recertification Date: November 2, 1998

Recertification Number:

Presentation Date: May 1, 1999

002200

John B. Griffin Jr. M.D.

John B. Griffin, Jr., M.D.
Chair, Certification Section

G. Douglas Talbott M.D. FASAM

G. Douglas Talbott, M.D., FASAM
ASAM President

Philip A. Lopez, MD
Medical Review Officer

FirstLab

1364 Welsh Road, Suite C-2
North Wales, PA 19454-1913
800-732-3784

Brief Biography

Dr. Lopez received his BA in Zoology from the University of Tennessee in 1987. He continued his education at the University of Tennessee with studies in Masters of Nursing in 1988. He earned his Medical Degree at the East Tennessee State University, James H. Quillen College of Medicine in 1992. He was an Intern at the US Naval Hospital in San Diego, California from June 1992 to June 1993 in Internal Medicine. He received the Navy Achievement medal in 1994. Dr. Lopez has been a MRO since 1996. He is currently the Medical Director of US Health Works Walk in Ft. Lauderdale, Florida.

Curriculum Vitae

Philip A. Lopez
Medical Review Officer

FirstLab
1364 Welsh Road, Suite C-2
North Wales, PA 19454

EDUCATION

School	Date
BA. Zoology, University of Tennessee	1987
Post Graduate Study, Master of Nursing	1987
MD. East Tennessee State University	1992

INTERNSHIP

Internal Medicine, Naval Hospital, San Diego, CA

LICENSURE

Florida ME 75750

EXPERIENCE

Medical Director, US Health Works Walk, Ft. Lauderdale, FL
Occupational Health Primary Care Physician, The Company Doctor, Dallas, TX
Diving Medical Doctor, Navy Experimental Diving Unit
US Navy Internal Medicine Intern
USNR Medical Corps Officer

MEMBERSHIPS

American Medical Association
Undersea and Hyperbaric Medical Society
American College of Occupational and Environmental Medicine
DATIA Member

AAMRO

American Association of Medical Review Officers

THIS IS TO CERTIFY THAT

Philip A. Lopez M.D.

having presented to the Executive Board of the American Association of Medical Review Officers satisfactory evidence of prescribed qualifications and having passed an approved examination before the

American Association of Medical Review Officers

in accordance with national standards of competency and expertise established for Medical Review Officers, is hereby accredited and designated as a

Certified Medical Review Officer

and by order of the AAMRO Board has been entered as such in the AAMRO Registry of Certified Medical Review Officers

Given and dated this 5th day of December 2001

Chairman

Countersigned and sealed with the Seal of the American Association of Medical Review Officers the day and date above written

Corporate Secretary

Certificate Number 011205264

DIVISION OF MEDICAL QUALITY ASSURANCE

DATE	LICENSE NO.	CONTROL NO.
01/13/2005	ME 75750	1512?0

DOCTOR

b[illegible] as met all requirements of
and rules of the state of Florida.
on Date: JANUARY 31, 2007

QUALIFICATION(S):
DISPENSING PRACTITIONER

ANDREW LOPEZ
ALTHWORKS
EST COMMERCIAL BLVD
DERDALE, FL 33309

JEB BUSH
GOVERNOR

JOHN O. AGWUNOBI, M.D., M.P.H., M.B.A.
SECRETARY

DISPLAY IF REQUIRED BY LAW

STATE OF FLORIDA
DEPARTMENT OF HEALTH
DIVISION OF MEDICAL QUALITY ASSURANCE

DATE	LICENSE NO.	CONTROL NO.
01/13/2005	ME 75750	1512

The MEDICAL DOCTOR named below has met all requirements of the laws and rules of the state of Florida.
Expiration Date: JANUARY 31, 2007

PHILIP ANDREW LOPEZ

QUALIFICATION(S):
Dispensing Practitioner

EXPIRATION DATE: JANUARY 31, 2007

[illegible] number is ME 75750. please use it in all correspondence with your board/council. Each licensee is solely responsible for notifying the department in writing o[illegible] current mailing address and practice location address. Use this secure online reporting for home and/or practice location address and/or mailing address changes. If you [illegible] received your renewal notice 90 days prior to the expiration date shown on this license, please call (850) 488-0595.

[illegible] ages require legal documentation showing the name change. Please make sure that a photocopy of one of the following accompanies this form: a marriage license, a [illegible] ree, or a court order. A driver license or social security card is not considered legal documentation.

[illegible] Assurance offers you the convenience of several online services. These services give you the ability to renew your license, update your mailing and practice [illegible] and update your profile information.
www.DOH-MQAServices.com

1. Choose one of the licensee services.
2. Select your profession.
4. Enter the account ID and password here. (Account ID and Password are case sensitive.) Account ID: bpesph Password: 5PrmCrB

[illegible] duplicate license, submit this form and a check or money order, payable to the DEPARTMENT OF HEALTH, in the amount of $25.00.

DEPARTMENT OF HEALTH
DIVISION OF MEDICAL QUALITY ASSURANCE
LICENSURE SERVICES
P.O. BOX 6320
TALLAHASSEE, FLORIDA 32314-6320

E CHANGE (ATTACH LEGAL DOCUMENTATION)

T FIRST MIDDLE

T FIRST MIDDLE

5/98

☐ PRACTICE LOCATION ADDRESS CHANGE
(This address will be printed on your license and posted on the Internet.)

CITY STATE ZIP

☐ MAILING ADDRESS CHANGE
(This address will be used when mailing your license and for all other correspondence from the Department.)

CITY STATE ZIP

East Tennessee State University

Johnson City, Tennessee

The Tennessee Board of Regents for the State University
and Community College System of Tennessee upon the recommendation
of the Faculty has conferred on

This is certified to be a true and exact copy of the diploma awarded to the within named person on the date recorded thereon.

Edwin D. Taylor, Registrar
East Tennessee State University
College of Medicine
University Seal Embossed

Philip Andrew Lopez

the degree of

Doctor of Medicine

with all the rights, privileges and honors thereunto appertaining
in consideration of the satisfactory completion of the program of studies prescribed by the

James H. Quillen College of Medicine

The Tennessee Board of Regents has issued this diploma on the
second day of May, in the year of our Lord nineteen hundred ninety-two.

EAST TENNESSEE STATE UNIVERSITY

Mark Allan Whitman, MD
Medical Review Officer

FirstLab

1364 Welsh Road, Suite C-2
North Wales, PA 19454-1913
800-732-3784

Brief Biography

Dr. Whitman received his Bachelor of Arts Degree from Princeton University in 1944. He completed his MD at Hahnemann Hospital in Philadelphia in 1947. After completing two years of residency in Pediatrics there he continued with fellowships at Montgomery Hospital Medical Center and Phoenixville Hospital. From 1952 to 1954 he served as a Captain in the US Army Medical Corps. Dr. Whitman had a private pediatric practice in Philadelphia from 1955 to 1978. He was also on the staff of Chestnut Hill Hospital's Pediatric Department from 1956 to 1979. From 1979 to 1994 Dr. Whitman was employed at Doylestown Hospital in the ER and the Occupational Medicine Clinic. In 1994 Dr. Whitman became the Staff Occupational Medicine Physician at Merck & Co. with a workforce of over 7,000. From 1998 to 1999 he was the Staff Physician for Montgomery Occupational Health Services. He was employed at the Phoenix Occupational Medical Center from 1999 to 2001 when it closed. He is currently employed as the Staff Physician at General Motors Corporation in Bensalem, PA.

Mark Allan Whitman, M.D.
Medical Review Officer

FirstLab
1364 Welsh Road, Suite C-2
North Wales, PA 19454

EDUCATION

School	Date
MD, Hahnemann Medical College	1947
BA, Princeton University	1944

RESIDENCY

Pediatrics, Hahnemann Hospital, 1948-1950

FELLOWSHIPS

Montgomery Hospital Medical Center
Phoenixville Hospital, 1950-1952

LICENSURE

Pennsylvania License: MD-022391-L
Narcotic License #AW2527476

EXPERIENCE

Staff Physician, General Motors, Bensalem, PA
Phoenix Occupational Medical Center, Plymouth Meeting, PA
Staff Physician, Montgomery Occupational Health Services, Norristown
Staff Physician, Merck & Co., West Point, PA
ER Physician/Occupational Medicine Clinic, Doylestown Hospital, Doylestown, PA
Physician, St. Lukes Hospital, Bethlehem, PA
ER Physician, Montgomery Hospital, Norristown, PA
Private Practice, Pediatrics, Philadelphia, PA

TEACHING AFILLIATIONS

Hahnemann Hospital, Pediatric Dept. 1955-1965

MEMBERSHIPS

American Board of Pediatrics
Northampton Medical Society
Pennsylvania Medical Society

Theodore F. Shults, MS, JD
Chairman
(919) 489-5407

American Association of Medical Review Officers

Tuesday, July 13, 2004

Verification of Certification for:	Mark A. Whitman, M.D. Firstlab 1364 Welsh Rd Ste C-2 North Wales, PA 19454
Certification Number:	980715194
Certification Date:	07-15-1998
Most Recent Certification or Recertification Date:	04-14-2004
	Certification Expires Five Years From This Date

This notice serves a verification that the above-referenced physician has been certified as a Medical Review Officer (MRO) through the American Association of Medical Review Officers (AAMRO). Recertification is required every five years to remain in good standing.

The referenced physician is listed in the AAMRO registry of Certified Medical Review Officers (www.aamro.com).

Theodore F. Shults, JD, MS
Chairman

P.O. Box 12873 • Research Triangle Park, NC 27709 • (919) 489-5407 Fax: (919) 490-1010

Department of State
Bureau of Professional and Occupational Affairs
P.O. BOX 2649, Harrisburg, PA 17105-2649

Classification

MEDICAL PHYSICIAN AND SURGEON

Certificate Number	Certification Date	Issued	Expires
MD-022391-L	SEP 09 1948	OCT 31 2000	DEC 31 2002

Issued To:

MARK ALLAN WHITMAN
3311 EDISON FURLONG ROAD
FURLONG PA 18925

ture

ty Commissioner of Professional and Occupational Affairs

ALTERATION OF THIS DOCUMENT IS A CRIMINAL OFFENSE UNDER 18 PA.C.S.A. 411

Jack Whites, M.D, PA
Medical Review Officer

FirstLab

1364 Welsh Road, Suite C-2
North Wales, PA 19454
800-732-3784

Brief Biography

Dr. Whites received his BS in Mathematics from Delta State University in 1955 and his medical degree from the University of Mississippi in 1959. He completed a rotating internship at Martin Army Hospital at Fort Benning, Georgia. Dr. Whites then spent three years at the US Army Hospital in Albuquerque, New Mexico. In July of 1963 he moved to Michigan and specialized in Family Practice. From 1969 through 1977 Dr. Whites served at the Birmingham Medical Group Clinic. He then became the Medical Director for the Brookwood Lodge, and then the Parkside Lodge in Alabama. For the past twelve years he has served at the Bradford Health Services in Birmingham, AL as Corporate Medical Director.

Dr. Whites is certified with the American Board of Family Practice, the American Society of Addiction Medicine and the American Medical Review Officers Association. He is a consultant for the Pain and Rehabilitation Institute in Birmingham, AL and is a member of The American Medical Association, the Medical Association of the State of Alabama, the Jefferson County Medical Society, the American Academy of Family Practice, The American Society of Addiction Medicine, and serves on the Board of Directors of the Alabama Chapter of the National Council on Alcoholism.

Curriculum Vitae

Jack C. Whites, M.D., PA
Medical Review Officer
FirstLab
1364 Welsh Road, Suite C-2
North Wales, PA 19454

EDUCATION

School	Date
B.S. Delta University, Cleveland, Mississippi Mathematics, Summa Cum Laude	1955
M.D. University of Mississippi School of Medicine	1959

RESIDENCY

Rotating Internship, Martin Army Hospital, Fort Benning, Georgia

LICENSURE

Mississippi: 1959
New Mexico: 1961
Michigan: 1963
Alabama: 1969

EXPERIENCE

US Army Hospital, Sandia Base, Albuquerque, New Mexico
Family Practice, Flushing, Michigan
Birmingham Medical Group Clinic, Birmingham, Alabama
Medical Director, Brookwood Lodge, Warrior, Alabama
Medical Director, Parkside Lodge, Warrior, Albama
Corporate Medical Director, Bradford Health Services, Birmingham, Alabama

CERTIFICATIONS

American Board of Family Practice (Life Member)
American Society of Addiction Medicine
American Medical Review Officers Association

MEMBERSHIP

Jefferson County Medical Society
Medical Association of State of Alabama
American Medical Association
American Academy of Family Practice
American Society of Addiction Medicine
Board of Directors of Alabama Chapter of the National Council on Alcoholism

Theodore F. Shults, MS, JD
Chairman
(919) 489-5407

American Association of Medical Review Officers

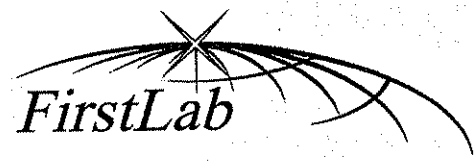
Monday, March 01, 2004

Verification of Certification for:	Jack C. Whites, M.D. 1021 Barkley Drive Birmingham, AL 35242
Certification Number:	9231553
Certification Date:	03-15-1992
Most Recent Certification or Recertification Date:	02-11-2004
	Certification Expires Five Years From This Date

This notice serves a verification that the above-referenced physician has been certified as a Medical Review Officer (MRO) through the American Association of Medical Review Officers (AAMRO). Recertification is required every five years to remain in good standing.

The referenced physician is listed in the AAMRO registry of Certified Medical Review Officers (www.aamro.com).

Theodore F. Shults, JD, MS
Chairman



PARTIAL LIST OF CLIENT REFERENCES

Pepsi-Bottling Group
1 Pepsi Way, Mail Drop 8N 807
Somers, NY 10589-2201
914-767-6245
Contact: Matthew S. Hirsheimer

National Hot Rod Association
2035 Financial Way
Glendora, CA 91740
317-291-4090
Contact: Dan Brickey

State of South Carolina
Department of Transportation
955 Park Street, Room G-14
Columbia, SC 29202
Phone: (803) 737-0671
Contact: Cat Angus

Florida Department of Transportation
Public Transit Office
605 Suwannee Street, Room 506
Tallahassee, FL 32399-0450
850-414-4500
Contact: Mike Johnson

Regional Airline Association
2025 M Street, NW, Suite 800
Washington, DC 20036-3309
202-367-1170
Contact: Deborah C. McElroy

Virginia State Police
770 Midlothian Turnpike
Richmond, VA 23261-7472
804-674-2119
Contact: Contact: Gerald L. Wicker

The Noland Company
2700 Warwick Boulevard
Newport News, VA 23608
757-928-9000
Contact: Corry Spooner

Asplundh Tree Experts
708 Blair Mill Road
Willow Grove, PA 19090
800 248-8733
Contact: Colleen Dulin

South Carolina Dept of Education
Office of Human Resources
1429 Senate Street Suite 204
Columbia, SC 29201
(803) 734-8243
Contact: John Dozier

Florida Department of Education
824 Florida Education Center
325 West Gaines Street
Tallahassee, FL 32399-0400
850-488-4405
Contact: Ronnie H. McCallister

The School Board of St. Lucie
4204 Okeechobee Road
Fort Pierce, FL 34947
772-429-7505
Contact: Maurice Bonner

Georgia Transit Association
P. O. Box 1340
Columbus, GA 31902
706-571-4883
Contact: Isaiah Hugley

PENNTEST
c/o BARTA
1700 N. 11th St.
Reading, PA 19604
610-921-0605
Contact: Dave Kilmer

Danella Construction Corporation
2290 Butler Pike
Plymouth Meeting, PA 19462
610-397-1161
Contact: Dave Pancoast

FirstLab Report

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first in service

July 18, 1997

RANDOM SELECTION PROBABILITIES

We have received a number of calls recently from program managers around the country regarding random selections. They state that some employees who are being randomly selected are raising concerns that they are being "singled out" and are being subjected to testing more often than their fellow employees. These employees often point out that some of their fellow coworkers haven't been randomly selected in over a year. Sometimes we even hear of an employee who claims, "I've been picked every quarter." While a check of our records indicates that this is not the case, it is understandable why an employee who has been selected three out of five quarters would think this. Well, what are the "real" probabilities of being randomly selected once, twice or more, or not at all, in a given year? We'll answer these questions in this latest edition of the FirstLab Report.

Since most of our clients are conducting random drug testing four times a year at an annual rate of 50%, let's base our calculations with that as a given. Let's also assume there are exactly 200 employees in the random testing pool.

First, what are the chances of an employee; let's call him Bob, being selected in any one of the four quarters? Well, since there are 200 employees and we are testing at an annual rate of 50%, 100 random tests will be conducted during the year, 25 each quarter. Bob could be among the 25 selected each quarter, so his chances are 25/200 or 1 in 8 (12.5%) of being selected in any given quarter. (If you're lost already, there is no sense in reading on, go back to "go").

Now that we know that Bob has a 12.5% chance of being selected in any given quarter, what's his chance of not being selected in any given quarter? This is simple: 100% minus 12.5% = 87.5% or 8/8 - 1/8 = 7/8. So, Bob's chance of not being selected in any given quarter is 87.5%.

Next, what is his chance of not being selected all year (four quarters)? Well, this is pretty straightforward. If his chance of not being selected in any one quarter is 87.5% or 7/8, his chance of not being selected all year would be:

$$7/8 \times 7/8 \times 7/8 \times 7/8 = 2401/4096 = 58.6\%$$

So, if Bob has a 58.6% chance of not being selected at all during the year, what is the chance that he will be selected at least once? Again, this is pretty straightforward: 100% - 58.6% = 41.4%. So, even though Bob's company is testing at 50% a year, we've just seen that his chance of actually being tested is not 1 out of 2 as most of us would believe. In fact, Bob has a greater chance of not being selected than being selected. (Isn't this exciting!)

- OVER -

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Now, here's where it gets tougher. What is the chance that Bob will be selected exactly once during the year? Because he can be selected once in any one of the four quarters, we can graphically represent it like so:

Yes, No, No, No, or;
No, Yes, No, No, or;
No, No, Yes, No or;
No, No, No, Yes.

The "yes's" indicate that if he is tested exactly once, he can be chosen in the first, second, third or fourth quarter. So, if we turn these into fractions where 1/8 = yes, 7/8 = no, we have:

(1/8) x (7/8) x (7/8) x (7/8) +		8.374 +
(7/8) x (1/8) x (7/8) x (7/8) +	OR	8.374 +
(7/8) x (7/8) x (1/8) x (7/8) +		8.374 +
(7/8) x (7/8) x (7/8) x (1/8)		8.374 = 33.5%

So, the probability that Bob will be selected exactly once is 33.5% (hang in there, we're almost done!).

Finally, if Bob has a 58.6% chance of not being selected at all during the year and a 33.5% chance of being selected exactly once, what is the probability of him being selected more than once? By subtracting these two numbers from 100% we get: 100% - 58.6% - 33.5% = 7.9%. Bob has almost an 8% chance of being selected more than once in a given year. If we translate this percentage to the total population, (200 x 7.9% = 15.8), you can see that, in fact, a total of 16 employees will probably suffer this same fate.

Let's summarize. Given a 50% annual testing rate, selecting at four times a year the probability of:

being selected in any given quarter = 12.5%
not being selected in any given quarter = 87.5%
not being selected in a year = 58.6%
being selected at least once in a year = 41.4%
being selected exactly once in a year = 33.5%
being selected more than once in a year = 7.9%

Keep in mind; these percentages are not affected by how many employees are in the pool. Also, if you select at a higher or lower rate or more often than four times a year all of these percentages will change. For example, if you are randomly testing for drugs or alcohol at a 25% annual rate four times a year, the above percentages would change. Without going into the detailed calculations again, the new probabilities would look like this:

being selected in any given quarter = 6.25%
not being selected in any given quarter = 93.75%
not being selected in a year = 77.25%
being selected at least once in a year = 22.75%
being selected exactly once in a year = 20.60%
being selected more than once in a year = 2.15%

In the next edition of the FirstLab Report, the probability that Bob will believe any of this!

For further information on this service, contact FirstLab's Business Development Department at 800-732-3784

FirstLab Report

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SPECIMEN VALIDITY TESTING

(ADULTERATED AND SUBSTITUTED URINE SPECIMENS)

In late 2004, the Departments of Health and Human Services and Transportation issued final rules revising the procedures for how drug testing laboratories must conduct specimen validity tests on urine specimens for Federal drug testing programs. Specimen validity testing is the analysis of urine specimens to determine if they have been adulterated with an agent or substance or have been substituted with a non-urine fluid. The HHS rule sets the analytic standards for determining the validity of specimens. These procedures apply to Federally-mandated drug testing in DHHS certified laboratories. The drug testing laboratories must:

1. Determine the creatinine concentration of every specimen
2. Determine the specific gravity on every specimen for which the creatinine concentration is less than 20 mg/dL
3. Determine the pH on every specimen
4. Perform one or more validity tests for oxidizing adulterants on every specimen; and
5. Perform additional validity tests when necessary because of specimen quality, interference, or other atypical results.

The criteria for reporting specimen validity testing results to the MRO are as follows:

- Adulterated Specimen—The pH is less than 3 or greater than or equal to 11; the nitrite concentration is greater than or equal to 500 mcg/mL; chromium, halogen, glutaraldehyde, pyridine or a surfactant are detected at or above DHHS established cut-offs.
- Substituted specimen—Creatinine less than 2 mg/dL and Specific Gravity less than or equal to 1.0010 or greater than or equal to 1.0200
- Dilute Specimen—Creatinine greater than or equal to 2 mg/dL, but less than 20 mg/dL and Specific Gravity is greater than 1.0010, but less than 1.0030
- Invalid Specimen—Inconsistent creatinine and Specific Gravity results are obtained; pH 3-4.5 or 9-11; nitrite 200-499; possible presence of other adulterants or interferants;

The laboratory must report to the MRO the numerical values for specimens it reports as adulterated or substituted. The MRO must review and interpret every adulterated, substituted and invalid result, including interviewing the specimen donor. If no medical explanation is documented for the laboratory findings, the MRO will verify the results as follows:

Adulterated—Refusal to Test, Specimen Adulterated
Substituted—Refusal to Test—Specimen Substituted
Invalid—Test Cancelled—Recollection of Specimen under direct observation required.

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For dilute specimens, the MRO will report the result as Negative-dilute or Positive-dilute. For dilute specimens where the creatinine is 2-5 mg/dL, the DOT requires that the MRO order an immediate collection of another specimen under direct observation. For all other negative-dilute results the employer may conduct another specimen collection, however, direct observation procedures are NOT authorized. The employer must accept a second negative-dilute result as final and cannot require a third collection. A positive-dilute result is a positive test and no recollection of a specimen is authorized.

FirstLab Report

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FIRSTLAB'S BACKGROUND INVESTIGATION SERVICES

In an effort to provide Human Resource and Risk Management professionals with a "one-stop" shopping process for new employees, FirstLab is pleased to announce the addition of a full spectrum of background investigation services to complement its current drug and alcohol program management menu.

What follows is a brief outline of the standard services that can be provided. Customized profiles of packaged services are also available upon request. All data can be made available to the client 24 hours a day, seven days a week via secured access, interactive voice response technology.

For additional information on background investigation or drug and alcohol program services, contact FirstLab at 800-732-3784.

- Criminal Conviction Report (7 years or a maximum of 3)
- Consumer Credit Report
- Verification of Employment (7 years or maximum of 5)
- Professional License(s), Certification(s), and Additional Training Verifications
- Motor Vehicle Report
- Worker's Compensation
- Verification of Education (Ultimate Degree)
- Reference Checks
- Developed Reference Checks
- CrossReference+ Checks
- Social Security Searches
- Military Record Searches
- Federal Debarment Search
- FAA Certifications
- Federal (Civil/Criminal) Searches
- Business Searches
- UCC Searches
- Canadian Criminal Convictions, Credit & MVR Searches

(OVER)

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International: (215)540-1651 • FAX: (215)641-4959 • www.firstlab.com • E-mail:mkt@firstlab.com

Service Description

Credit Report: Complete consumer credit activity detailing overdue or slow accounts, charge-offs, collections, suits, tax liens, public record judgments and bankruptcies.

Criminal Record Search: A seven-year criminal conviction search conducted on all applicant residences, based on present and previous jurisdictions, which lists felony and misdemeanor convictions.

CrossReference+: Verifies aliases, addresses and employments as well as Social Security Number.

Education: Verification of date, ultimate degree, diploma received, dates of attendance.

Professional Licenses/Certifications: Verification of date additional specialized training received and/or confirmation of professional licenses or certifications.

Employment: Verification of dates of employment, position attained, salary information (if required), reason for leaving and eligibility for rehire. This review will be conducted on seven-year employment history. Search will be conducted on "no longer in business" organizations as well as "self-employed" positions.

Federal Record Search: A seven-year federal district search conducted on applicant based on present and previous addresses, which may list civil, criminal and/or bankruptcy records.

Military Record Search: Hard copy of form DD214 (Summary of Military Service) that lists dates and branch of service and type of discharge.

Motor Vehicle Record Search: Comprehensive driving record covering a three year period.

Listed References: Individuals listed on the application are queried covering a battery of 10 uniform questions.

Developed References: Mostly professional references providing an overview of the applicant's abilities obtained by interviewing previous supervisors, co-workers, etc.

Social Security Trace: Verifies Social Security Number and current address.

Worker's Compensation: Verifies claims in state requested after offer of employment has been made.