



DEPARTMENT OF EDUCATION  
Region X-Northern Mindanao  
DIVISION OF MALAYBALAY CITY

Corner Don Carlos-Guingona St., City of Malaybalay  
Contact Numbers: 813-2894, 221-4597

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214  
Deped-MALAYBALAY CITY DIVISION

RELEASED

Date: 6/21/13 Time: 3:49PM  
By: *Anabelle*



June 21, 2013

## DIVISION ADVISORY

### Scheduled Mandatory Drug Test for Renewal of Appointments

TO : All City-paid Job Order Employees

Thru: All Public Schools District Supervisors  
Elementary and Secondary School Heads  
Section Heads

1. For information and guidance of all concerned, you are hereby directed to submit yourselves for **Mandatory Drug Testing** on June 22, 2013 (Saturday) as scheduled at A and K Drug Testing Center in front of the Land Transportation Office, Malaybalay City per attached Memorandum dated June 17, 2013 from the City Government of Malaybalay.
2. As stated in the afore-cited Memo, **failure or refusal to submit yourselves to the Mandatory Drug Test during the specified dates shall be grounds for non-renewal of Job Order Appointments. Delayed drug-testing shall no longer be considered by the Drug Free Workplace Assessment Committee of the City Government of Malaybalay.**
3. For compliance.

*Edilberto L. Oplenaria*  
EDILBERTO L. OPLENARIA  
Schools Division Superintendent

Encl.:

As stated

Copy furnished:

Records Section

To be posted in the Division Website



Republic of the Philippines  
 Province of Bukidnon  
 CITY OF MALAYBALAY  
 CM Recto St., 8700  
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**DRUG FREE WORKPLACE ASSESSMENT COMMITTEE**

DATE: June 17, 2013

MEMORANDUM TO:

**ALL CITY PAID JOB ORDER EMPLOYEES, Malaybalay City**

SUBJECT: Scheduled Mandatory Drug Test for Renewal of Appointments.

407  
 Deped-MALAYBALAY CITY DIVISION  
**RECEIVED**  
 Date: 6/21/13 Time: 9:27AM  
 By: [Signature]

Pursuant to the provisions of Administrative Order No. 14, Series of 2012, all Job Order Employees of the City Government of Malaybalay are hereby directed to submit themselves for **MANDATORY DRUG TESTING** on June 19 - 28, 2013 at **A and K Drug Testing Center** in front Land Transportation Office (LTO), Malaybalay City. A minimal fee of ONE HUNDRED FIFTY PESOS (Php 150.00) is charged per employee for the said Mandatory Drug Test.

Please be informed that the ONE HUNDRED FIFTY PESOS (Php 150.00) minimal fee is for Screening Test Only. **Employees who tested positive for Dangerous Drugs during the Screening Test shall be given fifteen (15) days to contest the result through Confirmatory Test subject to existing laws, rules of the DDB, City Government Drug-Free Workplace Guidelines, and the private drug-testing center policies.** Said employee shall shoulder the expenses of the CONFIRMATORY TEST. Should the concerned employee fail or refuse to contest the screening test result within fifteen (15) days, he or she shall be deemed positive of the use of Dangerous Drugs and shall not be renewed for appointment as Job Order Employee of the City Government of Malaybalay without prejudice to criminal liabilities and other penalties imposed by the private drug-testing center as prescribed by the law, DOH and LTO guidelines.

You are further directed to present your CGMID (Green ID) to A and K Drug Testing Center personnel upon submitting yourself for Mandatory Drug-test and fill-up the Drug Testing Consent Form (Please see attached) in advance to avoid delays in the screening procedures. Taking of Drug Test on other Drug-Testing Centers shall not be allowed; hence Drug Test Certificates issued by other Drug Testing Centers shall not be honored by the Drug Free Workplace Committee. For the convenience of everybody concerned, a schedule per department/office is attached for your referral. **Failure or refusal to submit yourselves for Mandatory Drug Test during the specified dates shall be grounds for non-renewal of Job Order Appointments. Delayed drug-testing shall no longer be considered by the Committee.**

For strict compliance.

**HERCULANO S. RONOLO**  
 City Administrator – Designate/  
 Chairman - Drug Free Workplace Assessment Committee



**DRUG FREE WORKPLACE ASSESSMENT COMMITTEE**

**SCHEDULE OF DRUG TEST June 19 - 28, 2013**

DATE:	OFFICES/DEPARTMENTS
June 19, 2013 (Wednesday)	<ul style="list-style-type: none"> <li>• TMC</li> <li>• MERU, ACER, 117</li> <li>• CAIVTF</li> <li>• CDRRMC</li> <li>• BFP</li> </ul>
June 20, 2013 (Thursday)	<ul style="list-style-type: none"> <li>• CMO, CMO (Mixed), City Band</li> <li>• VAWC, LTO, BIR, RTC, ROD, TESDA, NCIP, WOMEN'S</li> <li>• LICENSE, MCGWSS, BAC, PopDev, COMELEC, CITY COURT</li> <li>• BJMP, BUHITA, Prosecutor's Office, COA,</li> <li>• DILG, PENRO, City Sports</li> </ul>
June 21, 2013 (Friday)	<ul style="list-style-type: none"> <li>• City Accountant's Office</li> <li>• City Administrator's Office</li> <li>• City Agriculturist's Office</li> <li>• City Assessor's Office</li> <li>• City Budget Office</li> <li>• Local Civil Registrar's Office</li> <li>• CEEDMO</li> <li>• CGSO</li> </ul>
June 22, 2013 (Saturday)	<ul style="list-style-type: none"> <li>• DepEd Teachers and Office Personnel &amp; BNHS STAFF</li> </ul>
June 24, 2013 (Monday)	<ul style="list-style-type: none"> <li>• City Engineer's Office * TOURISM</li> <li>• City Housing</li> <li>• CENRO</li> <li>• City Legal Office</li> <li>• Human Resource Management Office</li> <li>• CPDO and GIS</li> </ul>
June 25, 2013 (Tuesday)	<ul style="list-style-type: none"> <li>• City Health Office</li> <li>• CSWDO</li> <li>• OSCA</li> <li>• City Treasurer's Office</li> <li>• City Veterinarian's Office</li> <li>• Slaughter</li> </ul>
June 26, 2013 (Wednesday)	<ul style="list-style-type: none"> <li>• All SP Charged JO's</li> </ul>
June 27, 2013 (Thursday)	<ul style="list-style-type: none"> <li>• Delayed Drug Test</li> </ul>
June 28, 2013 (Friday)	<ul style="list-style-type: none"> <li>• Delayed Drug Test (Last and Final Day for Drug-Testing)</li> </ul>

Note:

1. Screening test shall be on first come first serve basis.
2. The Drug Testing Center shall be open from 8:00 o'clock in the morning to 6:00 o'clock in the evening.
3. Should you miss your schedule, you are given only until June 28, 2013 (Friday) to comply with the mandatory drug test. Delayed drug test beyond the provided schedule is strictly not allowed.
4. Please bring your CGMID (Green ID) and fill up the Drug-Testing Consent Form before coming to your scheduled Drug Test to avoid delays.
5. Php 150.00 minimal fee shall be shouldered by each employee. (Receipts will be issued by the Drug Testing Center)

**A and K MLYBLY CLINICAL LAB**  
**And DRUG TESTING CENTER**  
San Victoros St., Brgy. 9  
Malaybalay City

**DRUG TESTING CONSENT FORM**  
**(FORM DT-001)**

Code no. \_\_\_\_\_

DATE/TIME \_\_\_\_\_

NAME \_\_\_\_\_  
SURNAME FIRST NAME MIDDLE NAME

ADDRESS: \_\_\_\_\_ TEL NO. \_\_\_\_\_  
BIRTH DATE: \_\_\_\_\_ AGE: \_\_\_\_\_  
MALE: \_\_\_\_\_ FEMALE: \_\_\_\_\_ CIVIL STATUS: \_\_\_\_\_  
COMPANY: \_\_\_\_\_ BIRTH PLACE: \_\_\_\_\_

**PURPOSE OF DRUG TEST:**

// EMPLOYMENT // PRIVATE // GOVERNMENT  
// LICENSE // DRIVER'S // FIREARMS  
// STUDENT // SECONDARY SCHOOL // TERTIARY SCHOOL  
// CANDIDATE FOR PUBLIC OFFICE WHETHER APPOINTEE OR ELECTED  
// PERSONS CHARGED BEFORE THE PROSECUTOR'S OFFICE WITH A CRIMINAL OFFENSE HAVING AN  
IMPOSSIBLE PENALTY OF IMPRISONMENT OF NOT LESS THAN SIX (6) YEARS AND ONE (1) DAY  
// OTHERS (PLS. SPECIFY) \_\_\_\_\_

**INSTRUCTIONS: ANSWER THE QUESTIONS BELOW BY CHECKING THE APPROPRIATE SPACES BEFORE  
YOUR ANSWER, AFTERWARD, READ THE STATEMENTS BELOW, SIGNING THE TWO LINES FOR YOUR  
SIGNATURE.**

HAVE YOU TAKEN MEDICATION OF DRUGS IN THE PAST 30 DAYS? // YES // NO

HAVE YOU INGESTED ANY ALCOHOLIC BEVERAGE IN THE PAST 24 HOURS? // YES // NO

IF YOU ARE TAKING MEDICATION OF DRUGS, LIST THESE BELOW:

\_\_\_\_\_  
I HEREBY CONSENT AND AGREE TO GIVE SAMPLE OF MY URINE.  
THE RESULT OF ANY TESTS PERFORMED SHALL BE PROVIDED TO THE REQUESTING OFFICE OR AGENCY  
MY SIGNATURE BELOW ACKNOWLEDGES THAT I HAVE READ AND UNDERSTOOD THE FOREGOING  
STATEMENT AND I HAVE ANSWERED ALL THE QUESTIONS TRUTHFULLY.

DATE: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_

I HEREBY CONSENT AND AGREE THAT MY URINE SPECIMEN, IF FOUND POSITIVE TO BE SENT TO DULY  
ACCREDITED / LICENSED CONFIRMATORY LABORATORY FOR CONFIRMATORY TEST

I HEREBY ACKNOWLEDGE THAT THE URINE SAMPLE IS MY OWN AND THAT THE SAMPLES WERE SEALED  
IN MY PRESENCE, THESE SAMPLES ARE TO BE TESTED FOR DANGEROUS DRUGS.

DATE: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_

**A and K MLYBLY CLINICAL LAB.  
and DRUG TESTING CENTER**

San Victoria St. Brgy 4  
Malaybaly City

(Form DT-002A - DONOR'S COPY)

SPECIMEN ID Number: \_\_\_\_\_

LAB ACCESSION Number: \_\_\_\_\_

**STEP 1. COMPLETED BY COLLECTOR OR EMPLOYER REPRESENTATIVE**

A. Client's/Donor's/Subject's Name: _____	B. Address: _____	C. Age: _____	D. Sex: _____
E. Employer Name and Address: _____			
F. Type of Specimen <input type="checkbox"/> Urine <input type="checkbox"/> Blood <input type="checkbox"/> Others(specify) _____		G. Reason for Test: <input type="checkbox"/> Pre-employment <input type="checkbox"/> Random <input type="checkbox"/> Reasonable Suspicion/Cause <input type="checkbox"/> Return to Duty <input type="checkbox"/> Mandatory <input type="checkbox"/> Post Accident <input type="checkbox"/> Follow-up <input type="checkbox"/> Others (specify) _____	
H. Drug Tests to be Performed <input type="checkbox"/> THC, COC, PCP, OP, AMP <input type="checkbox"/> THC & MET Only <input type="checkbox"/> Others (specify) _____			

**STEP 2 COMPLETED BY COLLECTOR**

Read specimen temperature within 4 minutes. Is the temperature between 32°C and 38°C? <input type="checkbox"/> Yes <input type="checkbox"/> No	Specimen Collection: <input type="checkbox"/> Observed <input type="checkbox"/> Unobserved Specimen Sampling: <input type="checkbox"/> Single <input type="checkbox"/> Split Specimen Volume: _____ ml Physical Appearance: Color _____	Other Observation: (Enter Remark): _____
REMARKS _____		

STEP 3. COLLECTOR affixes bottle seal(s) to bottle(s). Collector dates seal(s). Donor initial seal(s). Donor completes STEP 5.

**STEP 4. CHAIN OF CUSTODY - Initiated by COLLECTOR and COMPLETED BY LABORATORY**

I certify that the specimen given to me by the donor identified in the certification section on Step 5 of this form was collected, sealed and released to the Delivery Service noted in accordance with applicable Department of Health requirements.			
Signature of Collector _____	Time of Collection _____ AM/PM	(For Courier/ Messenger) SPECIMEN BOTTLE(S) RELEASED TO: _____	Name of Delivery Service Transferring Specimen to Lab _____
(PRINT) Collector's Name (First, MI, Last) _____ Date (Mo/Day/Yr) _____		Name of Delivery Service Transferring Specimen to Lab _____	
RECEIVED AT LAB: Signature of Accessioner _____		STATUS OF THE SPECIMEN a) Seal Intact <input type="checkbox"/> Yes <input type="checkbox"/> No b) Transport device _____	(For Confirmatory Laboratory) SPECIMEN BOTTLE(S) RELEASED TO _____ Signature Receiving Person _____
(PRINT) Collector's Name (First, MI, Last) _____ Date (Mo/Day/Yr) _____		c) Description _____ Print Name (First, MI, Last) _____ Date (Mo/Day/Yr) _____	

**STEP 5. COMPLETED BY THE DONOR**

I certify that I provided my urine specimen to the collector; that I have not adulterated, substituted and/or diluted it in any manner; each specimen bottle used was sealed with a tamper-evident seal in my presence; and that the information provided on this form and on the affixed bottle is correct.		
Signature of Donor _____	(PRINT) Donor's Name (First, MI, Last) _____	Date (Mo/Day/Yr) _____
Contact No. _____	Date of Birth _____ Mo Day Yr	
Additional information may be asked from you by the laboratory particularly on drugs and medications.		

**STEP 6. COMPLETED BY HEAD OF SCREENING LABORATORY**

In accordance with applicable Department of Health requirements, my determination/verification for the specimen is <input type="checkbox"/> NEGATIVE <input type="checkbox"/> POSITIVE <input type="checkbox"/> TEST CANCELLED <input type="checkbox"/> REFUSAL TO TEST BECAUSE <input type="checkbox"/> DILUTED <input type="checkbox"/> ADULTERATED <input type="checkbox"/> SUBSTITUTED <input type="checkbox"/> OTHERS (specify) _____		
Signature of Analyst & Name of the Analyst (First, MI, Last) _____	(PRINT) Signature & Name of Head of Laboratory (First, MI, Last) _____	Date (Mo/Day/Yr) _____

**STEP 7. COMPLETED BY CONFIRMATORY LABORATORY**

In accordance with applicable Department of Health requirements, my determination/verification for the specimen (if tested) is <input type="checkbox"/> CONFIRMED FOR <input type="checkbox"/> CHALLENGE <input type="checkbox"/> FAILED TO CONFIRM - REASON _____ <input type="checkbox"/> THC <input type="checkbox"/> MET <input type="checkbox"/> OTHERS _____		
Signature of Analyst & Name of the Analyst (First, MI, Last) _____	(PRINT) Signature & Name of Head of Laboratory (First, MI, Last) _____	Date (Mo/Day/Yr) _____

**STEP 8: TO BE COMPLETED BY NATIONAL REFERENCE LABORATORY (NRL)**

In accordance with applicable Department of Health requirements, my determination/verification for the specimen (if tested) is <input type="checkbox"/> NOT CONFIRMED FOR <input type="checkbox"/> THC <input type="checkbox"/> MET <input type="checkbox"/> OTHERS _____ <input type="checkbox"/> FAILED TO CONFIRM - REASON _____		
Signature of Analyst & Name of the Analyst (First, MI, Last) _____	(PRINT) Signature & Name of Head of Laboratory (First, MI, Last) _____	Date (Mo/Day/Yr) _____

1. Form DT-002A-Copy for the Donor
2. Form DT-002B-Copy for the Collection Site (Authorized Specimen Collector)
3. Form DT-002C-Copy for Laboratory (Analyst)
4. Form DT-002D-Copy for the Confirmatory Laboratory (For Positive Sample)

**A and K MLYBLY CLINICAL LAB  
And DRUG TESTING CENTER**  
San Victores St., Brgy 9  
Malaybualay City

(Form DT-002B - COPY FOR THE COLLECTION SITE)

SPECIMEN ID NO.:

LAB ACCESSION NO.:

**STEP 1 COMPLETED BY COLLECTOR OR EMPLOYER REPRESENTATIVE**

A. Client's/Donor's/Subject's Code: \_\_\_\_\_  
 B. Address: \_\_\_\_\_  
 C. Age: \_\_\_\_\_ D. Sex: \_\_\_\_\_  
 E. Employer Name and Address: \_\_\_\_\_  
 F. Type of Specimen:  
 Urine  
 Blood  
 Others (specify) \_\_\_\_\_  
 G. Reason for Test:  
 Pre-employment  
 Return-to-Duty  
 Follow-up  
 THC & MET Only  
 Unobserved  
 Split  
 Physical Appearance: Color: \_\_\_\_\_  
 Random  
 Mandatory  
 Others (specify) \_\_\_\_\_  
 Reasonable Suspicion/Cause  
 Post-accident  
 H. Drug test to be Performed:  THC, COC, PCP, OPI, AMP

**STEP 2 COMPLETED BY COLLECTOR**

Refrigerate specimen temperature within 4 minutes.  
 Is temperature between 32°C and 38°C?  
 Yes  No  
 Specimen Collection:  Observed  Unobserved  
 Specimen Sampling:  Single  Split  
 Specimen Volume: \_\_\_\_\_ ml  
 Other Observation (Enter Remark): \_\_\_\_\_

REMARKS

**STEP 3 Collector affixes bottle seal(s) to bottle(s). Collector dates seal(s). Donor initial seal(s). Donor completes STEP 5.**  
**STEP 4 CHAIN OF CUSTODY - INITIATED BY COLLECTOR AND COMPLETED BY LABORATORY**

I certify that the specimen given to me by the identified in the certification section on Step 5 of this form was collected, sealed and released to the Delivery Service noted in accordance with applicable Department of Health requirements

X \_\_\_\_\_ Signature of Collector  
 \_\_\_\_\_ Time of Collection AM/PM  
 \_\_\_\_\_ Date (Mo/Day/Yr)  
 SPECIMEN BOTTLE (S) RELEASED TO:  
 \_\_\_\_\_ Name of delivery Service Transferring Specimen to Lab.

(PRINT) Collector's Name (First, M.I., Last) \_\_\_\_\_  
 RECEIVED AT LAB. \_\_\_\_\_  
 X \_\_\_\_\_ Signature of Accessioner's  
 \_\_\_\_\_ Time of Collection AM/PM  
 \_\_\_\_\_ Date (Mo/Day/Yr)  
 STATUS OF THE SPECIMEN  
 (a) Seal intact:  Yes  No  
 (b) Transport device: \_\_\_\_\_  
 (c) Description: \_\_\_\_\_  
 SPECIMEN BOTTLE (S) RELEASED TO:  
 \_\_\_\_\_ Signature of Receiving Person  
 \_\_\_\_\_ Printed Name (First, MI, Last) \_\_\_\_\_ Date (Mo/Day/Yr)

**STEP 5 COMPLETED BY THE DONOR**

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

X \_\_\_\_\_ Signature of Donor  
 \_\_\_\_\_ (PRINT) Donor's Name (First, MI, Last)  
 \_\_\_\_\_ Date (Mo/Day/Yr)  
 \_\_\_\_\_ Date of Birth Mo Day Yr  
 Contact No: \_\_\_\_\_

Additional information may be asked from you by the laboratory particularly on drug and medications

**STEP 6 COMPLETED BY HEAD OF SCREENING LABORATORY**

In accordance with applicable Department of Health requirements, my determination/verification is:

NEGATIVE  POSITIVE  TEST CANCELLED  
 REFUSAL TO TEST BECAUSE:  
 DILUTE!  SUBSTITUTED  
 ADULTERATED  OTHERS (specify) \_\_\_\_\_  
 REMARKS \_\_\_\_\_  
 X \_\_\_\_\_ (PRINT) Signature & Name of Analyst (First, MI, Last)  
 \_\_\_\_\_ (PRINT) Signature & Name of Head of Laboratory (First, MI, Last) \_\_\_\_\_ Date (Mo/Day/Yr)

**STEP 7 COMPLETED BY CONFIRMATORY LABORATORY**

In accordance with applicable Department of Health requirements, my determination/verification for the specimen (if tested) is:

CONFIRMED FOR:  
 THC  MET  OTHERS (specify) \_\_\_\_\_  
 CHALLENGE  
 FAILED TO CONFIRM - REASON: \_\_\_\_\_  
 X \_\_\_\_\_ (PRINT) Signature & Name of Analyst (First, MI, Last)  
 \_\_\_\_\_ (PRINT) Signature & Name of Head of Laboratory (First, MI, Last) \_\_\_\_\_ Date (Mo/Day/Yr)

**STEP 8 TO BE COMPLETED BY THE NATIONAL REFERENCE LABORATORY (NRL)**

In accordance with applicable Department of Health requirements, my determination/verification for the specimen (if tested) is:

RECONFIRMED FOR:  
 THC  MET  OTHERS (specify) \_\_\_\_\_  
 FAILED TO RECONFIRM - REASON: \_\_\_\_\_  
 X \_\_\_\_\_ (PRINT) Signature & Name of Analyst (First, MI, Last)  
 \_\_\_\_\_ (PRINT) Signature & Name of Head of Laboratory (First, MI, Last) \_\_\_\_\_ Date (Mo/Day/Yr)

1. Form DT-002B Copy for the Donor  
 2. Form DT-002B Copy for the Laboratory Site  
 3. Form DT-002B Copy for the Laboratory  
 4. Form DT-002B Copy for the Confirmatory Laboratory (for Positive Results)

**A and K MLYNLY CLINICAL LAB**  
**And DRUG TESTING CENTER**  
 San Victoros St., Brgy. 9  
 Malaybalay City  
 (Form DT-002C - COPY FOR LABORATORY)

SPECIMEN ID Number: \_\_\_\_\_

LAB ACCESSION Number: \_\_\_\_\_

**STEP 1. COMPLETED BY COLLECTOR OR EMPLOYER REPRESENTATIVE**

A. Client's/Donor's/Subject's Code: _____		B. Age: _____	C. Sex: _____
D. Type of Specimen: <input type="checkbox"/> Urine <input type="checkbox"/> Blood <input type="checkbox"/> Others (specify) _____		E. Reason for Test: <input type="checkbox"/> Pre-employment <input type="checkbox"/> Random <input type="checkbox"/> Reasonable Suspicion/Cause <input type="checkbox"/> Return to Duty <input type="checkbox"/> Mandatory <input type="checkbox"/> Post Accident <input type="checkbox"/> Follow-up <input type="checkbox"/> Others (specify) _____	
F. Drug Tests to be Performed: <input type="checkbox"/> THC, CDC, PCP, OPI, AMP <input type="checkbox"/> THC & MET Only <input type="checkbox"/> Others (specify) _____			

**STEP 2 COMPLETED BY COLLECTOR**

Read specimen temperature within 4 minutes Is temperature between 32°C and 38°C? <input type="checkbox"/> Yes <input type="checkbox"/> No	Specimen Collection: <input type="checkbox"/> Observed <input type="checkbox"/> Unobserved Specimen Sampling: <input type="checkbox"/> Single <input type="checkbox"/> Split Specimen Volume: _____ ml Physical Appearance: Color: _____	Other Observation (Enter Remark) _____
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REMARKS

STEP 3. COLLECTOR affixes bottle seal(s) to bottle(s). Collector dates seal(s). Donor initial seal(s). Donor completes STEP 5.

**STEP 4. CHAIN OF CUSTODY - Initiated by COLLECTOR and COMPLETED BY LABORATORY**

I certify that the specimen given to me by the donor identified in the certification section on Step 5 of this form was collected, sealed and released to the Delivery Service noted in accordance with applicable Department of Health requirements.		
Signature of Collector _____	Time of Collection _____ AM/PM	(For Courier/ Messenger) SPECIMEN BOTTLE(S) RELEASED TO: _____
(PRINT) Collector's Name (First, MI, Last) _____	Date (Mo/Day/Yr) _____	Name of Delivery Service Transferring Specimen to Lab. _____
RECEIVED AT LAB	STATUS OF THE SPECIMEN a) Seal Intact <input type="checkbox"/> Yes <input type="checkbox"/> No b) Transport device _____	(For Confirmatory Laboratory) SPECIMEN BOTTLE(S) RELEASED TO Signature Receiving Person _____
Signature of Accessioner _____	c) Description _____	_____
(PRINT) Collector's Name (First, MI, Last) _____	Date (Mo/Day/Yr) _____	Print Name (First, MI, Last) _____ Date (Mo/Day/Yr) _____

**STEP 5. COMPLETED BY THE DONOR**

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

Signature of Donor \_\_\_\_\_ Date (Mo/Day/Yr) \_\_\_\_\_

Additional information may be asked from you by the laboratory particularly on drugs and medications

**STEP 6: COMPLETED BY HEAD OF SCREENING LABORATORY**

In accordance with applicable Department of Health requirements, my determination/verification for the specimen is:  
 NEGATIVE     POSITIVE     TEST CANCELLED     REFUSAL TO TEST BECAUSE \_\_\_\_\_  
 DILUTED     ADULTERATED     SUBSTITUTED     OTHERS (specify) \_\_\_\_\_

Signature of Analyst & Name of the Analyst (First, MI, Last) \_\_\_\_\_ (PRINT) Signature & Name of Head of Laboratory (First, MI, Last) \_\_\_\_\_ Date (Mo/Day/Yr) \_\_\_\_\_

**STEP 7: COMPLETED BY CONFIRMATORY LABORATORY**

In accordance with applicable Department of Health requirements, my determination/verification for the specimen (if tested) is:  
 CONFIRMED FOR:     CHALLENGE     FAILED TO CONFIRM - REASON \_\_\_\_\_  
 THC     MET     OTHERS \_\_\_\_\_

Signature of Analyst & Name of the Analyst (First, MI, Last) \_\_\_\_\_ (PRINT) Signature & Name of Head of Laboratory (First, MI, Last) \_\_\_\_\_ Date (Mo/Day/Yr) \_\_\_\_\_

**STEP 8 : TO BE COMPLETED BY NATIONAL REFERENCE LABORATORY (NRL)**

In accordance with applicable Department of Health requirements, my determination/verification for the specimen (if tested) is:  
 RECONFIRMED FOR:     FAILED TO CONFIRM - REASON \_\_\_\_\_  
 THC     MET     OTHERS \_\_\_\_\_

Signature of Analyst & Name of the Analyst (First, MI, Last) \_\_\_\_\_ (PRINT) Signature & Name of Head of Laboratory (First, MI, Last) \_\_\_\_\_ Date (Mo/Day/Yr) \_\_\_\_\_

1. Form DT-002A-Copy for the Donor
2. Form DT-002B-Copy for the Collection Site (Authorized Specimen Collector)
3. Form DT-002C-Copy for Laboratory (Analyst)
4. Form DT-002D-Copy for the Confirmatory Laboratory (For Positive Sample)