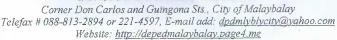
P.10



DEPARTMENT OF EDUCATION Region X- Northern Mindanao

DIVISION OF MALAYBALAY CITY





2013 01-0098

Deped-MALAYBALAY CITY DIVISION

RELEASED

DIVISION ADVISORY

Date: OI CO 13 Time: CU: 48 M

TO:

ALL CITY PAID JOB ORDER EMPLOYEES, MALAYBALAY CITY

Thru: Public Schools District Supervisors

Elementary and Secondary School Heads

Section Heads

FROM:

EDILBERTO L. OPLENARIA

OIC- Schools Division Superintendent

DATE:

January 2013

RE:

Dissemination of the Scheduled Mandatory Drug Test for Renewal of

Appointments

- 1. You are hereby provided copies of the enclosed Memorandum dated January 7, 2013 re: scheduled of mandatory drug test for renewal of appointments which is self explanatory.
- 2. For information, guidance and compliance of all concerned.

Encl. as stated

Copy furnished:

Records Section



Republic of the Philippines Province of Bukidnon CITY OF MALAYBALAY CM Recto St., 8700



DRUG FREE WORKPLACE ASSESSMENT COMMITTEE

DATE:

January 7, 2013

MEMORANDUM TO:

2013 OF CORG RECEIVED Date: OF OS-18 9:000

ALL CITY PAID JOB ORDER EMPLOYEES, Malaybalay City

SUBJECT:

Scheduled Mandatory Drug Test for Renewal of Appointments.

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 January 12 – 19, 2013 at <u>A and K Drug Testing Center</u> 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 \$. RONOLO

City Administrator – Designate/

Chairman - Drug Free Workplace Assessment Committee



Republic of the Philippines Province of Bukidnon CITY OF MALAYBALAY CM Recto St., 8700



DRUG FREE WORKPLACE ASSESSMENT COMMITTEE

SCHEDULE OF DRUG TEST January 12 – 19, 2013

| DATE: | OFFICES/DEPARTMENTS | | |
|------------------------------|---|--|--|
| January 12, 2013 (Saturday) | DepEd Teachers and Office Personnel | | |
| January 13, 2013 (Sunday) | TMC MERU, ACER, 117 CAIVTF CDRRMC BFP | | |
| January 14, 2013 (Monday) | CMO, CMO (Mixed), City Band VAWC, LTO, BIR, RTC, ROD, TESDA, NCIP, WOMEN'S LICENSE, MCGWSS, BAC, PopDev, COMELEC, CITY COURT BJMP, BUHITA, Prosecutor's Office, COA, DILG, PENRO, City Sports | | |
| January 15, 2013 (Tuesday) | City Accountant's Office City Administrator's Office City Agriculturist's Office | | |
| | City Assessor's Office City Budget Office Local Civil Registrar's Office CEEDMO CGSO | | |
| January 16, 2013 (Wednesday) | City Engineer's Office City Housing CENRO City Legal Office Human Resource Management Office CPDO and GIS | | |
| January 17, 2013 (Thursday) | City Health Office CSWDO OSCA City Treasurer's Office City Veterinarian's Office Slaughter | | |
| January 18, 2013 (Friday) | All SP Charged JO's | | |
| January 19, 2013 (Saturday) | Delayed Drug Test (Last and Final Day for Drug-Testing) | | |

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 January 19, 2013 (Saturday) 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 CLINICALL LAB And DRUG TESTING CENTER

San Victores St., Brgy. 9 Malaybalay City

DRUG TESTING CONSENT FORM (FORM DT-001)

Code no.

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| HAVE YOU | INGESTED ANY AL | COHOLIC HEVERAGE IN THE PAST | 24 HOURS?//YES//NO |
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A and K MLYBLY CLINICAL LAB. and DRUG TESTING CENTER

San Victores St. Brgy 9 Malaybalay City
(Form DT-002A - DONOR'S COPY)

SPECIMEN ID Number:

LAB ACCESSION Number:

| A. Client's/Donor's/Subject's Name: | | B. Address: | C | Age: | D Sev |
|--|--|--|--|---|---|
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A and K MLYBLY CLINICAL LAB And DRUG TESTING CENTER San Victores St., Brgy 9 Malaybainy City

(Form DT-0028 - COPY FOR THE COLLECTION SITE)

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| F 3 Collector affixes bottle | sesi(s) to bottle | (s). Collector dates seel(s |). Donor initial seal | s). Donor completes | STEP 5 | |
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A and K MLYBLY CLINICALL LAB And DRUG TESTING CENTER

San Victores St., Brgy. 9
Malaybalay City
(Form DT-002C – COPY FOR LABORATORY)

SPECIMEN ID Number:

LAB ACCESSION Number:

| | B. Age: C. Se | X; |
|--|--|--|
| E. Reason for Durine Pre-em Return Chers(specify) THC, COC, PCP, OPI, AMP | nployment | conable Suspicion/Cause Accident |
| STEP 2 COMPLETED BY COLLECTOR | THE & MET ONLY LI OTHERS (Specify |) |
| L Canada - Oall | lection: Observed Unobserved | Other Observation: (Enter Remark |
| Read specimen temperature within 4 minutes. stemperature between 32°Cand 38°C7 Specimen Sam Specimen Volu Physical Appea | pling: ☐ Single ☐ Split me: mL | Other Observation: (Enter Remark |
| REMARKS | | |
| STEP 3. COLLECTOR affixes boitle seal(s) to bottle(s). Collec | tor 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 Delivery Service noted in accordance with applicable Department of | e certification section on Step 5 of thi of Health requirements. | s form was collected, sealed and released to the |
| Signature of Collector Time of Collection | (For Courier/ Messenger) SPECIMEN BOTTLE(S) RELEAS | SED TO: |
| (PRINT) Collector's Name (First, MI, Last) Date (Mo/Day/Yr) | Name of Delivery Se | rvice Transferring Specimen to Lab. |
| RECEIVED AT LAB: | STATUS OF THE SPECIMEN: a) Seal Intact Ci Yes D No | (For Confirmatory Laboratory) SPECIMEN BOTTLE(S) RELEASED TO. |
| Signature of Accessioner | b) Transport device | Signature Receiving Person |
| (PRINT) Collector's Name (First, MI, Last) Date (Mo/Day/Yr) | c) Description | Print Name (First, MI, Last) Date(Mo/Day/Y |
| | | |
| STEP 5. COMPLETED BY THE DONOR | | This reality that, mi, cast, constitution, |
| STEP 5. COMPLETED BY THE DONOR I certify that I provided my urine specimen to the collector; that I haused was sealed with a tamper-evident seal in my presence; and the | ave not adulterated, substituted and/on the information provided on this for | or diluted it in any manner; each specimen both |
| certify that I provided my urine specimen to the collector; that I haused was sealed with a tamper-evident seal in my presence; and the | eve not adulterated, substituted and/on the information provided on this formation provided on the provided provided on the provided provi | or diluted it in any manner; each specimen both |
| certify that I provided my urine specimen to the collector; that I had used was sealed with a tamper-evident seal in my presence, and the Signature of Donor | nat the information provided on this fo | or diluted it in any manner; each specimen both mm and on the affixed bottle is correct. |
| I certify that I provided my urine specimen to the collector; that I have used was sealed with a tamper-evident seal in my presence, and the Signature of Donor Additional information may be asked from you by the laboratory particularly pa | nat the information provided on this for the information provided on the information provid | or diluted it in any manner; each specimen both mm and on the affixed bottle is correct. |
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| certify that I provided my urine specimen to the collector; that I had used was sealed with a tamper-evident seal in my presence; and the seal was sealed with a tamper-evident seal in my presence; and the seal was sealed with a tamper-evident seal in my presence; and the seal was sealed with a tamper-evident seal in my presence; and the sealed with a tamper-evident seal was the laboratory particle. STEP 6: COMPLETED BY HEAD OF SCREENING LABORATOR accordance with applicable Department of Health requirements, and confirmed and sealed with applicable Department of Health requirements, and confirmed for: CONFIRMED FO | rticularly on drugs and medications. TY my determination/varification for the s AL TO TEST BECAUSE DILUTED ADULTERATED C INT) Signature & Name of Head of La my determination/varification for the s NGE FAILED TO CONFIRM— | Date (Mo/Day/Yr) Specimen is: Date (Mo/Day/Yr) Date (Mo/Day/Yr) Date (Mo/Day/Yr) Date (Mo/Day/Yr) Date (Mo/Day/Yr) |
| certify that I provided my urine specimen to the collector; that I have used was sealed with a tamper-evident seal in my presence; and the used was sealed with a tamper-evident seal in my presence; and the used was sealed with a tamper-evident seal in my presence; and the used was sealed with a tamper-evident seal in my presence; and the used was sealed with a part of the used of the use | rticularly on drugs and medications. TY my determination/verification for the start of TEST BECAUSE DILUTED DADULTERATED CONTINUED TO CONFIRM— INT) Signature & Name of Head of Laboratory (NRL) | Date (Mo/Day/Yr) Specimen is: Discontinuous (First, MI, Last) Date (Mo/Day/Yr) Date (Mo/Day/Yr) |
| certify that I provided my urine specimen to the collector; that I have used was sealed with a tamper-evident seal in my presence; and the used was sealed with a tamper-evident seal in my presence; and the used was sealed with a tamper-evident seal in my presence; and the used was sealed with a tamper-evident seal in my presence; and the used was sealed with a policial Department of Health requirements. Discreption of Analyst & Name of the Analyst (First, MI, Last) (PRETER T: COMPLETED BY CONFIRMATORY LABORATORY in accordance with applicable Department of Health requirements, CONFIRMED FOR: CONFIRM | ricutarly on drugs and medications TY my determination/varification for the s AL TO TEST BECAUSE DILUTED ADULTERATED C INT) Signature & Name of Head of La my determination/verification for the s NGE FAILED TO CONFIRM— INT) Signature & Name of Head of La BORATORY (NRL) my determination/verification for the s | Date (Mo/Day/Yr) Specimen is: Date (Mo/Day/Yr) Date (Mo/Day/Yr) |

Form DT-002B-Copy for the Collection Site (Authorized Specimen Collector)
 Form DT-002C-Copy for Laboratory (Analyst)
 Form DT-002D-Copy for the Confirmatory Laboratory (For Positive Sample)

A & K CLINICAL LABORATORY and DRUG TESTING CENTER

San Victores St. Brgy 9(in front of LTO) Malaybalay City Tel Number: 088-813-1374/09193209958

SPECIMEN ID Number:

LAB ACCESSION Number:

| STEP 1. COMPLETED BY C | COLLECTOR | OR EMPLOYER | REPRESENTATIVE |
|------------------------|-----------|-------------|----------------|
|------------------------|-----------|-------------|----------------|

| A Client's/Donor's/Subject' Code: | B, Age: C. Sex: | responsibility and a commend and and a great a conservant and and a server of the distribution of the server of th |
|--|---|--|
| D. Type of Specimen: Urine Blood Chers(specify) F. Drug Tests to be Performed: E. Reason for Tell Pre-empty Pre-em | ployment ☐ Random ☐ Reasi to Duty ☐ Mandatory ☐ Post up ☐ Others (specify) | onable Suspicion/Cause Accident |
| | THE & MET Only LI Others (specify, | |
| STEP 2 COMPLETED BY COLLECTOR | | |
| Read specimen temperature within 4 minutes. Is lemperature between 32°Cand 38°C? Yes ONO Physical Appears | 10. 1114 | Olher Observation: (Enter Remark) |
| REMARKS | | |
| STEP 3. COLLECTOR affixes bottle seal(s) to bottle(s). Collector | or dates seal(s). Donor initial seal(| s). Donor completes STEP 5. |
| STEP 4. CHAIN OF CUSTODY - Initiated by COLLECTOR and C | 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. (For Courier/Messenger) | |
| Signature of Collector Time of Collection | SPECIMEN BOTTLE(S) RELEAS | ED TO: |
| (PRINT) Collector's Name (First, Mi, Last) Date (Mo/Day/Yr) | Name of Delivery Ser | rvice Transferring Specimen to Lab. |
| RECEIVED AT LAB: | STATUS OF THE SPECIMEN: a) Seal Intact D Yes D No | (For Confirmatory Laboratory) SPECIMEN BOTTLE(S) RELEASED TO: |
| Signature of Accessioner | b) Transport device | 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 ANALYST | era de la proposició de de la mentra de la monte de la proposita de la participa de la proposita del la proposita della | kampinangangangangangangangangangangangangang |
| I certify that the urine specimen submitted is not adulterated, substit tamper-evident seal in the presence of the collector; and that the info | tuted and/or diluted it in any manner ormation provided on this form and o | ; each specimen bottle used was sealed with a n line affixed bottle is correct. |
| Signature of Analyst (PRINT) N | Name of Analyst (First, MI, Last) | Date (Mo/Day/Yr) |
| Additional Information may be asked from you by the laboratory parti | cularly on drugs and medications. | |
| STEP 6: COMPLETED BY HEAD OF SCREENING LABORATORY | | |
| in accordance will applicable Department of Health requirements, m □ NEGATIVE □ POSITIVE □ TEST CANCELLED □ REFUSA | L TO TEST BECAUSE | pecimen is: SUBSTITUTED (I) OTHERS (specify) |
| The state of the s | | |
| Signature of Analyst & Name of the Analyst (First, Mi, Last) (PRIN STEP 7: COMPLETED BY CONFIRMATORY LABORATORY | NT) Signature & Name of Head of La | boratory (First, Mt, Last) . Date (Mo/Day/Yr) |
| in accordance with applicable Department of Health requirements, m CONFIRMED FOR: THC GMET GOTHERS | y determination/verification for the s GE D FAILED TO CONFIRM - | |
| | IT) Signature & Name of Head of Lal | boratory (First, Mi, Last) Date (Mo/Day/Yr) |
| STEP 8: TO BE COMPLETED BY NATIONAL REFERENCE LABO | | |
| In accordance with applicable Department of Health requirements, m | y determination/verification for the sp | pecimen (if tested) is: |
| DRECONFIRMED FOR: DITHC DIMET DOTHERS | CI FAILED TO CONFIR | RM ~ REASON |
| Signature of Analyst & Name of the Analyst (First, MI, Last) (PRIN 1, Form DT-002A-Copy for the Donor | IT) Signature & Name of Head of Lat | poratory (First, MI, Last) Date (Mo/Day/Yr) |
| 2. Form DT-002R-Copy for the Collection Sile ((Authorized Specimen 3. Form DT-002C-Copy for Laboratory (Analyst) | Collector) | , y 49 |