



DEPARTMENT OF EDUCATION
Region X- Northern Mindanao

DIVISION OF MALAYBALAY CITY

Corner Don Carlos and Guingona Sts., City of Malaybalay
Telefax # 088-813-2894 or 221-4597, E-mail add: dpdmlyblycity@yahoo.com
Website: <http://depedmalaybalay.page4.me>



2013-01-0098
Deped-MALAYBALAY CITY DIVISION
RELEASED

DIVISION ADVISORY

Date: 01/09/13 Time: 04:48 PM
By: [Signature]

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 9, 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:

ALL CITY PAID JOB ORDER EMPLOYEES, Malaybalay City

SUBJECT: Scheduled Mandatory Drug Test for Renewal of Appointments.

2013-01-0088
CITY OF MALAYBALAY CITY DIVISION
RECEIVED
Date: 01-08-13 Time: 9:00am
By:

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 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



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)	<ul style="list-style-type: none">• DepEd Teachers and Office Personnel
January 13, 2013 (Sunday)	<ul style="list-style-type: none">• TMC• MERU, ACER, 117• CAIVTF• CDRRMC• BFP
January 14, 2013 (Monday)	<ul style="list-style-type: none">• 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)	<ul style="list-style-type: none">• 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)	<ul style="list-style-type: none">• City Engineer's Office• City Housing• CENRO• City Legal Office• Human Resource Management Office• CPDO and GIS
January 17, 2013 (Thursday)	<ul style="list-style-type: none">• City Health Office• CSWDO• OSCA• City Treasurer's Office• City Veterinarian's Office• Slaughter
January 18, 2013 (Friday)	<ul style="list-style-type: none">• All SP Charged JO's
January 19, 2013 (Saturday)	<ul style="list-style-type: none">• 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 CLINICAL LAB
And DRUG TESTING CENTER
San Victoran 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 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: _____

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

LAB ACCESSION Number:

A. Client's/Donor's/Subject's Name: _____ 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 ☐ Random ☐ Mandatory ☐ Others (specify) _____

☐ Reasonable Suspicion/Cause ☐ Post Accident

H. Drug Tests to be Performed: ☐ THG, COC, PCP, OPI, AMP ☐ THC & MET Only ☐ Others (specify) _____

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) _____
REMARKS _____		

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) SPECIMEN BOTTLE(S) RELEASED TO:	
Signature of Collector	AM/PM Time of Collection	Name of Delivery Service Transferring Specimen to Lab.	
(PRINT) Collector's Name (First, MI, Last)	Date (Mo/Day/Yr)	(For Confirmatory Laboratory) SPECIMEN BOTTLE(S) RELEASED TO:	
RECEIVED AT LAB:	STATUS OF THE SPECIMEN: a) Seal Intact <input type="checkbox"/> Yes <input type="checkbox"/> No b) Transport device		Signature Receiving Person
Signature of Accessioner	c) Description		Print Name (First, MI, Last)
(PRINT) Collector's Name (First, MI, Last)	Date (Mo/Day/Yr)	Date (Mo/Day/Yr)	

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.

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)

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)

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

☐ RECONFIRMED FOR: ☐ THC ☐ MET ☐ OTHERS _____ ☐ 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 (Analysis)
4. Form DT-002D-Copy for the Confirmatory Laboratory (For Positive Sample)

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

(Form DT-002S - 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: <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"/> Return-to-Duty <input type="checkbox"/> Follow-up <input type="checkbox"/> Random <input type="checkbox"/> Mandatory <input type="checkbox"/> Others (specify) _____			
H. Drug test to be Performed: <input type="checkbox"/> THC, COC, 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 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 _____ (PRINT) Collector's Name (First, M.I., Last)	Time of Collection _____ Date (Mo/Day/Yr)	SPECIMEN BOTTLE (S) RELEASED TO: _____ Name of delivery Service Transferring Specimen to Lab.	
X Signature of Accessioner's _____ (PRINT) Accessioner's Name (First, M.I., Last)	Time of Collection _____ Date (Mo/Day/Yr)	STATUS OF THE SPECIMEN (a) Seal Intact: <input type="checkbox"/> Yes <input type="checkbox"/> No (b) Transport device: _____ (c) Description: _____	SPECIMEN BOTTLE (S) RELEASED TO: _____ Signature of Receiving Person _____ Printed Name (First, M.I., 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 _____ Contact No.: _____	(PRINT) Donor's Name (First, M.I., Last) _____ Date (Mo/Day/Yr)	Date of Birth _____ Mo Day Yr
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:			
<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"/> SUBSTITUTED <input type="checkbox"/> ADULTERATED <input type="checkbox"/> OTHERS (specify) _____
REMARKS: _____			
X (PRINT) Signature & Name of Analyst (First, M.I., Last)	(PRINT) Signature & Name of Head of Laboratory (First, M.I., 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"/> THC <input type="checkbox"/> MET	<input type="checkbox"/> CHALLENGE	<input type="checkbox"/> FAILED TO CONFIRM - REASON: _____
OTHERS (specify) _____		
X (PRINT) Signature & Name of Analyst (First, M.I., Last)	(PRINT) Signature & Name of Head of Laboratory (First, M.I., 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:	
<input type="checkbox"/> RECONFIRMED FOR: <input type="checkbox"/> THC <input type="checkbox"/> MET	<input type="checkbox"/> FAILED TO RECONFIRM - REASON: _____
OTHERS (specify) _____	
X (PRINT) Signature & Name of Analyst (First, M.I., Last)	(PRINT) Signature & Name of Head of Laboratory (First, M.I., Last)
Date (Mo/Day/Yr)	

1. Form DT-002S - Copy for the Donor
2. Form DT-002S - Copy for the Collection Site
3. Form DT-002S - Copy for the Laboratory
4. Form DT-002S - Copy for the Confirmatory Laboratory (For Positive Samples)

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

LAB ACCESSION Number;

A. Client's/Donor's/Subject's Code: _____ B. Age: _____ C. Sex: _____

D. Type of Specimen: ☐ Urine ☐ Blood ☐ Others(specify) _____

E. Reason for Test : ☐ Pre-employment ☐ Random ☐ Reasonable Suspicion/Cause
☐ Return to Duty ☐ Mandatory ☐ Post Accident
☐ Follow-up ☐ Others (specify) _____

F. Drug Tests to be Performed: ☐ THC, COC, PCP, OPI, AMP ☐ THC & MET Only ☐ Others (specify) _____

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) _____
REMARKS _____		

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) _____		(For Confirmatory Laboratory) SPECIMEN BOTTLE(S) RELEASED TO: _____ Signature Receiving Person _____	
RECEIVED AT LAB: Signature of Accessioner _____ (PRINT) Collector's Name (First, MI, Last) _____ Date (Mo/Day/Yr) _____		STATUS OF THE SPECIMEN: a) Seal Intact <input type="checkbox"/> Yes <input type="checkbox"/> No b) Transport device _____ c) Description _____ Print Name (First, MI, Last) _____ Date (Mo/Day/Yr) _____	

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.

In accordance with applicable Department of Health requirements, my determination/verification for the specimen is: 0
☐ 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)

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)

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

☐ RECONFIRMED FOR: ☐ THC ☐ MET ☐ OTHERS _____ ☐ 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 & 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 COLLECTOR OR EMPLOYER REPRESENTATIVE

A. Client's/Donor's/Subject' 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, COC, 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) _____ _____ _____
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 _____ (PRINT) Collector's Name (First, MI, Last) _____	Time of Collection _____ AM/PM Date (Mo/Day/Yr) _____
(For Courier/Messenger) SPECIMEN BOTTLE(S) RELEASED TO: _____ Name of Delivery Service Transferring Specimen to Lab.	
RECEIVED AT LAB: Signature of Accessioner _____ (PRINT) Collector's Name (First, MI, Last) _____	Date (Mo/Day/Yr) _____
STATUS OF THE SPECIMEN: a) Seal Intact <input type="checkbox"/> Yes <input type="checkbox"/> No b) Transport device _____ c) Description: _____	
(For Confirmatory Laboratory) SPECIMEN BOTTLE(S) RELEASED TO: _____ Signature Receiving Person Print Name (First, MI, Last) _____ Date (Mo/Day/Yr) _____	

STEP 5. COMPLETED BY THE ANALYST

I certify that the urine specimen submitted is not adulterated, substituted and/or diluted in any manner; each specimen bottle used was sealed with a tamper-evident seal in the presence of the collector; and that the information provided on this form and on the affixed bottle is correct.		
Signature of Analyst _____	(PRINT) Name of Analyst (First, MI, Last) _____	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: <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"/> RECONFIRMED 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)