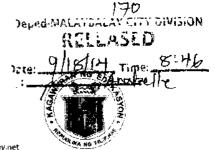


DEPARTMENT OF EDUCATION

Region X-Northern Mindanao

DIVISION OF MALAYBALAY CITY

Corner Dan Carlos-Guingona St., City of Malaybalay Contact Numbers: 813-2894, 221-4597 Email Address: depedmalaybalay@gmail.com; Official website: www.depedmalaybalay.net



September 18, 2014

DIVISION ADVISORY

MANDATORY DRUG TESTING OF JOB ORDER EMPLOYEES OF THE CITY GOVERNMENT OF MALAYBALAY ASSIGNED IN THE DIVISION OFFICE

: All City-paid Administrative Aides (Job Order Employees) OTThru: Public Schools District Supervisor

> **School Heads Section Heads**

- 1. Pursuant to the herein Memorandum dated September 17, 2014 re: Mandatory Drug Testing, this Office hereby directs all job order employees to submit to the Mandatory Drog Testing on September 19, 2014, 1:00 to 5:00 p.m. at A & K Drug Testing Center in front of LTO.
- 2. Further, this Office reiterates that failure or refusal to submit to the above scheduled date sans any valid reason shall be sufficient ground for non-renewal. Further, you are directed to present your City Government Identification (Green ID) and fill-up drug testing forms (DT-001, DT-002A, DT-002B, and DT-002C) prior to your screening test to avoid delays.

3. For compliance.

EDILBERTO L. OPLENARIA Schools Division Superintendent

Encl.:

As stated

Copy furnished:

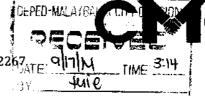
Records Section AO File



Republic of the Philippines Province of Bukidnon CITY OF MALAYBALAY

CM Recto Street

Email: cmo.mly@gmail.com
Phone (088) 8132744 / (088) 2212267
Fax (088) 8132739



OFFICE OF THE CITY MAYOR

September 17, 2014

MEMORANDUM

To:

All job order assigned at the DIVISION OFFICE, HON OMAO.

Subject:

MANDATORY DRUG TESTING

Pursuant to Administrative Order No. 14, Series of 2012, all job order of the city government assigned at the above cited offices are hereby directed to submit to Mandatory Drug Testing on September 19, 2014, 1:00 to 5:00 p.m. at A&K Drug Testing Center in front of LTO.

Failure or refusal to submit to the above scheduled date sans any valid reason shall be sufficient ground for non-renewal. Further, you are directed to present your City Government Identification (Green ID) and fill-up drug testing forms (DT-001, DT-002A, DT-002B and DT-002C) prior to your screening test to avoid delays.

For strict compliance.

By the Authority of the City Mayor

Herculano S. Ronolo City administrator

Chairman-Drugfree/Work place Committee

Proof of Red	ceipt:
(Signature o	over printed name)
Date:	Time:

A und X MLYSLY CLIPSCALL LAD And DRUG TESTING CENTER Sun Vineru St., Brg. 5 Melechaler Circ

DRUG TENTING CONSINT FORM (FORM DT-001)

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A and K MLYBLY CLINICAL LAB And DRUG TESTING CENTER

San Victores St., Brgy 9 Malaybalay City

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

·	SPECIMEN ID NO	D.:	/		LAB	ACCESSION NO.:	/	
TEP 1 COMPLETED BY COLL								
Client's/Donor's/Subject's Co	ide: -		B. Addre	ess:			C. Age:	D. Sex:
Employer Name and Address	5			···				
F. Type of Specimen:			G. Rea	ason for Te	est: nployment	☐ Random	□ Reasons	able Suspicion/Cau
t⊒ Urine	•				-to-Duty	[] Mandatory	☐ Post-acci	ident
□ Blood	•			☐ Follow		(3 Others (specif		
☐ Others (specify) I. Drug test to be Performed:	THC, COC, P	CP OPLAMP	☐ THC & ME		☐ Others (s	specify)		
								
EP 2 COMPLETED BY COLL	ECTOR						Other Observati	ion (Enter Remark
Read specimen temperature wi	thin 4 minutes.		☐ Observed ☐ Single	□ Unob □ Split		•	Olilo: Observat	On (Line) Nomen
s temperature between 32°C a	nd 38°C?	Specimen Sampling: Specimen Volume:	ml Physics	ıl Anneara	nce: Color:			
☐ Yes ☐ No		Specimen volume.	1111 1 1175100					
REMARKS								
		·		·				
EP 3 Collector affixes bottle		Collector dates seal(s).	Donor initial	seal(s). D	onor completes !	STEP 5.		
EP 4 CHAIN OF CUSTODY -	SOZIJS) IO DOMICIS INITIATED BY CO	LLECTOR AND COMPLE	TED BY LABO	PRATORY				
certify that the specimen diver	s to me by the iden:	ified in the certification sect	ion on Step 5	of this form	n was collected, so	ealed and released to	the Delivery Ser	vice noted in
eccordance with applicable De	partment of Health	requirements.						
					COCOMENDO	TTLF (S) RELEASE) TO:	
					SPECIMEN BO	Life (6) METENGER	710.	
(<u> </u>			M/PM	•				
Signature of Collector	ſ	Time of Collection						
	•			. ▶.	<u></u>			
				•	Name	of delivery Service T	ransferring Spec	imen to Lab.
		Date (Mo/Day	VV-			•		
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ECEIVED AT LAB.:			STATUS O					
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PRINT) Accessioner's Name	(First, M.I., Last)	Date (Wordsyr)				· • i	<u> </u>	
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presence and that the informat	tion on this form on	the bottle is correct.			•		_	
							,	1
x		405197) Donor's Nam	o /First &	() Last)		Date (Mo/Day	/Yó
Signature of Donor		(PRINI) Donot S Nan	ie fi.nar ii	n, Looy		<i>'</i>	•
<u> </u>							Date of Birth	//
Contact No.:							,	Mo Day Yr
Additional information may be	asked from you by	the laboratory particularly of	n drug and me	edications.	•			•
TEP 6 COMPLETED BY HEA	D OF SCREENING	LABORATORY	1					
In accordance with applicable	Department of Hea	ith requirements, my deteri	nination/verific	ation is:	•			
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□ NEGATIVE	□ POSITIV	E DITESTIC	ANCELLED				BSTITUTED	
·					□ AC	ULTERATED DOT	HERS (specify)	
REMARKS:	<u> </u>							
· ·								07-17-043
X (PRINT) Signature & Name	of Analyst (First, N	(P	RINT) Signati	ure & Nam	e of Head of Labo	ratory (First, MI, Last)	Date (Mo/Day/Yr)
			· · · · · · - · -					
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J		_						-
(PRINT) Signature & Name	of Analyst (First, M	/il, f.ast) (PRI	NT) Signature	& Name	of Head of Labora	tory (First, MI, Last)	Dat	te (Mo/Day/Yr)
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(PRINT) Signature & Name	of Analyst (First.)	/i, Last) (PRI	VT) Signature	& Name (of Head of Labors	ory (First, Mi, Last)	·	Date (Mo/Day/Yr)
Form DT-002A-Copy for the Deser Form DT-002B-Copy for the Collection Site								

A and K MEYBLY CLINICALL LAH
And DRUG TESTING CENTER
Son Victorie St., Brig. 9
Melaybulay CEy
(Form DT-802C = GOPY FOR LABORATORY)

SPECIMEN ID Number:

LAS ACCESSION NO

Type of Specimen: Colore	A. Client's/Conor etautject's Code:		6. Age: C:	Sak	
Chine Chin					`.
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