



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

Corner Don Carlos-Guingona Sr., City of Malaybalay  
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DepEd-MALAYBALAY CITY DIVISION

170  
**RELEASED**

Date: 9/18/14 Time: 8:46




September 18, 2014

**DIVISION ADVISORY**

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

**TO : All City-paid Administrative Aides (Job Order Employees)**  
**Thru: 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 Drug 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.

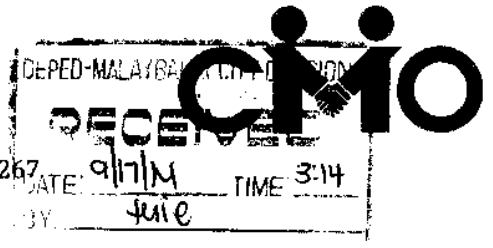
  
**EDILBERTO L. OPLENARIA**  
Schools Division Superintendent

Encl:  
As stated

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Province of Bukidnon  
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**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 Receipt:

\_\_\_\_\_  
(Signature over printed name)  
Date: \_\_\_\_\_ Time: \_\_\_\_\_

**A and K MELYNLY CLINICAL LAB  
And DRUG TESTING CENTER  
San Vicente St., Brgy. 9  
Malabon 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 // VEHICLE  
// 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 OR 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 OR DRUGS, LIST THEM 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: \_\_\_\_\_

**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.:

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: _____			G. Reason for Test:		
F. Type of Specimen:		<input type="checkbox"/> Pre-employment			
<input type="checkbox"/> Urine		<input type="checkbox"/> Random			
<input type="checkbox"/> Blood		<input type="checkbox"/> Return-to-Duty			
<input type="checkbox"/> Others (specify) _____		<input type="checkbox"/> Mandatory			
		<input type="checkbox"/> Follow-up			
		<input type="checkbox"/> Others (specify) _____			
H. Drug test to be Performed:		<input type="checkbox"/> THC & MET Only			
<input type="checkbox"/> THC, COC, PCP, OPI, AMP		<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 _____ AM/PM Signature of Collector Time of Collection	<b>SPECIMEN BOTTLE (S) RELEASED TO:</b>  _____ Name of delivery Service Transferring Specimen to Lab.
(PRINT) Collector's Name (First, M.I., Last) _____	Date (Mo/Day/Yr) _____

<b>RECEIVED AT LAB.:</b>  X _____ AM/PM Signature of Accessioner's Time of Collection	<b>STATUS OF THE SPECIMEN</b> (a) Seal intact: <input type="checkbox"/> Yes <input type="checkbox"/> No (b) Transport device: _____ (c) Description: _____	<b>SPECIMEN BOTTLE (S) RELEASED TO:</b>  _____ Signature of Receiving Person  Printed Name (First, MI, Last) _____ Date (Mo/Day/Yr) _____
(PRINT) Accessioner's 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	(PRINT) Donor's Name (First, MI, Last) _____	(PRINT) Date (Mo/Day/Yr) _____  (PRINT) 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:  
   
  DILUTED       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) _____
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**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 (specify) \_\_\_\_\_

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

X _____ (PRINT) Signature & Name of Analyst (First, MI, Last)	(PRINT) Signature & Name of Head of Laboratory (First, MI, Last)	Date (Mo/Day/Yr) _____
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1. Form DT-002A-Copy for the Donor  
 2. Form DT-002B-Copy for the Collection Site  
 3. Form DT-002C-Copy for the Laboratory  
 4. Form DT-002D-Copy for the Confirmatory Laboratory (For Positive Sample)

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

San Vicente St., Brgy. 9

Malabon 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, 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 33°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 initials 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 3 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) _____		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 _____ First 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:  THC  MET  OTHERS \_\_\_\_\_  CHALLENGE  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) \_\_\_\_\_

**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:  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)