Office of the Secretary of Transportation

APPENDIX B TO PART 40—DOT DRUG TESTING SEMI-ANNUAL LABORATORY REPORT TO EMPLOYERS

The following items are required on each laboratory report:

Reporting Period: (inclusive dates)
Laboratory Identification: (name and address)
Employer Identification: (name; may include Billing Code or ID code)
C/TPA Identification: (where applicable; name and address)

1. Specimen Results Reported (total number)
   By Test Reason
   (a) Pre-employment (number)
   (b) Post-Accident (number)
   (c) Random (number)
   (d) Reasonable Suspicion/Cause (number)
   (e) Return-to-Duty (number)
   (f) Follow-up (number)
   (g) Type of Test Not Noted on CCF (number)

2. Specimens Reported
   (a) Negative (number)
   (b) Negative and Dilute (number)

3. Specimens Reported as Rejected for Testing (total number)
   By Reason
   (a) Fatal flaw (number)
   (b) Uncorrected Flaw (number)

4. Specimens Reported as Positive (total number)
   By Drug
   (a) Marijuana Metabolite (number)
   (b) Cocaine Metabolite (number)
   (c) Opiates (number)
      (1) Codeine (number)
      (2) Morphine (number)
      (3) 6-AM (number)
   (d) Phencyclidine (number)
   (e) Amphetamines (number)
      (1) Amphetamine (number)
      (2) Methamphetamine (number)
      (3) MDMA (number)
      (4) MDA (number)
      (5) MDEA (number)

5. Adulterated (number)

6. Substituted (number)

7. Invalid Result (number)

[75 FR 49863, Aug. 16, 2010]

APPENDIX C TO PART 40—DOT DRUG TESTING SEMI-ANNUAL LABORATORY REPORT TO DOT


The following items are required on each report:

1. MRO name, address, phone number, and fax number.
2. Collection site name, address, and phone number.
3. Date of collection.
4. Specimen I.D. number.
5. Laboratory accession number.
6. Primary specimen laboratory name, address, and phone number.
7. Date result reported or certified by primary laboratory.
8. Split specimen laboratory name, address, and phone number.
9. Date split specimen result reported or certified by split specimen laboratory.