

## **EMPLOYEE SPECIMEN COLLECTION CHECKLIST**

1. Report to the specimen collection site as soon as possible after notification to report. Refusal to report for collection or refusal to cooperate with the collection process will result in a determination of a refusal to provide a specimen and is considered a positive test.
2. **Show the collection site personnel an official photo identification card.**
3. Check your outer garments with the collection site personnel for safekeeping. You have the right to retain your wallet and to have your belongings returned after collection.
4. Rinse and dry your hands.
5. Obtain a wrapped specimen container from the specimen collection personnel.
6. Proceed to the privacy enclosure and provide a specimen in the collection container. At least 45 milliliters of urine are required for analysis. If an insufficient amount of urine is provided, the original specimen will be discarded and you will be required to consume not more than 40 ounces of fluids in three hours to provide another specimen. Do not tamper with the specimen or make substitutions. The specimen will be visually inspected for unusual color and sediment.
7. The temperature of the specimen will be measured and must fall within an acceptable range. If the temperature falls outside the acceptable range, you will be required to provide an oral temperature to counter any suspicions of tampering.
8. Give the specimen to the specimen collection personnel and watch the sealing and labeling of the bottles. Initial the labels verifying that the specimen is yours.
9. You may wish to indicate on the back of your copy of the custody and control form any medications you are currently using. This list may serve as a memory jogger in the event a Medical Review Officer calls you to discuss the results of your test.
10. The results of the laboratory analysis will be forwarded to a Services Medical Review Officer. If the results are negative (no drugs detected), the MRO will notify your employer. If the laboratory confirms a positive result (drugs detected), the MRO will contact you at the telephone number you provided to give you the opportunity to discuss the test results and to submit information demonstrating authorized use of the drugs in question.

**PYRAMID LAKE PAIUTE TRIBE  
DRUG TESTING PROFILE**

Name of Employee: \_\_\_\_\_ Date: \_\_\_\_\_ Time Notified: \_\_\_\_\_

<b>TEST TYPE</b>	<b>URINE</b> Collection Site: Pyramid Lake Health Clinic	<b>BREATH/ALCOHOL</b> Collection Site: Pyramid Lake Police Department
Pre-Employment	<input checked="" type="checkbox"/>	<input type="checkbox"/>
◆ Random	<input type="checkbox"/>	<input type="checkbox"/>
*Post-Accident	<input type="checkbox"/>	<input type="checkbox"/>
*Reasonable Suspicion	<input type="checkbox"/>	<input type="checkbox"/>
*Return to Work	<input type="checkbox"/>	<input type="checkbox"/>
*Follow-up	<input type="checkbox"/>	<input type="checkbox"/>

◆ **RANDOM TESTS ONLY** - Please report to your designated collection site with this form within the next (30) minutes.  
Failure to report will have the same consequences as a positive test.

<b>TEST CODE w/DESCRIPTION</b>
<input checked="" type="checkbox"/> <b>POCT SAP-9 TESTSURE</b> <input checked="" type="checkbox"/> <b>Integrated Multi-Drug Screen Cup 10 Panel</b> (Amphetamine (AMP 1,000), Barbiturates (BAR), Benzodiazepines (BZO), Buprenorphine (BUP), Cocaine (COC 300), Marijuana (THC), Methadone (MTD), Methamphetamine (mAMP 1,000), Methylenedioxymethamphetamine (MDMA), Opiate (OPI 300), Opiate (OPI 2000), Oxycodone (OXY), Phencyclidine (PCP), Propoxyphene (PPX), Tricyclic Antidepressants (TCA))

I understand that I will be responsible for alcohol/drug testing costs for post-accident and reasonable suspicion if my tests are positive, and all positive alcohol/drug testing costs for return to work and follow-up tests.

\_\_\_\_\_  
Supervisor's Signature

\_\_\_\_\_  
Date Time

\_\_\_\_\_  
Employee's Signature

\_\_\_\_\_  
Date Time

\_\_\_\_\_  
Lab Signature

\_\_\_\_\_  
Date Time

\_\_\_\_\_  
Human Resources Signature

\_\_\_\_\_  
Date Time

**SUBSTANCE ABUSE POLICY RELEASE FORM**

I have been informed that as a condition of any offer of employment or as a condition of my continued employment, I must submit to a urine (alcohol/drug screening), or alcohol breath test and I accept this condition. I agree that Quest Diagnostics and the Pyramid Lake Paiute Tribal Police Department are authorized by me to provide the results of this test(s) to the **PYRAMID LAKE HUMAN RESOURCES DEPARTMENT**, I agree to indemnify and hold Quest Diagnostics and the Pyramid Lake Paiute Tribe harmless from and against any and all liabilities or judgments arising out of any claim related to (i) the employer's submission and handling of test samples, (ii) compliance with employer with federal and state law, and (iii) the employer's interpretation, use (including employment decisions) and confidentiality of the test results.

I understand that if I fail to cooperate with a testing procedure, or in the case of a positive test result, I may not be employed by or my employment be terminated by the PYRAMID LAKE PAIUTE TRIBE.

\_\_\_\_\_  
Applicant/Employee Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness Signature

\_\_\_\_\_  
Date