

THIS IS A CONFIDENTIAL DOCUMENT

Employee's Name: _____ Social Security #: XXX-XX- _____
Classification: _____ SPS Employee ID #: _____
Agency/Institution: _____ Appropriation Code: _____

In accordance with Code of Maryland Regulation (COMAR) 17.04.09, Testing for Illegal Use of Drugs, and/or (COMAR) 12.04.01.15, Drug Screening Procedures; I am directing you to submit to a urinalysis test based on:

- Random** **Other (Arrest for a Controlled Dangerous Substance Offense)**
- Reasonable Suspicion** **Other (Participation in a Drug Abuse Rehabilitation Program)**
- Other (Incident Triggered)** **Other (Personnel Action; ie Promotion, Demotion, etc.)** _____

The collection is scheduled as follows:

Location: _____
Collection Date: _____ Time of Collection: _____

At the time of the collection, you will be required to present positive identification in the form of a valid photo driver's license, a State-issued identification card or a State employee photo identification card.

Laboratory Corporation of America Holdings, 1120 Main St., Southaven, MS 38671, will conduct a test, and the specimen will be screened for the following drugs. **Agency Technical Representatives, please check the box of the appropriate panel below:**

<input type="checkbox"/> Non-Regulated 6 Panel (without Marijuana/Cannabinoids)		
Amphetamines	Benzodiazepines	Phencyclidine (PCP)
Barbiturates	Cocaine	Opiates

~ OR ~

<input type="checkbox"/> Non-Regulated 7 Panel - Sworn Police Officers/Public Safety (with Marijuana/Cannabinoids)			
Amphetamines	Benzodiazepines	Phencyclidine (PCP)	
Barbiturates	Cocaine	Opiates	Marijuana/Cannabinoids

The test will not reveal information pertaining to any prescription and/or non-prescription drugs that are not cited above. All test results are confidential as required by applicable laws and regulations.

If you refuse to comply with this order, you may be subject to disciplinary action up to and including termination from State service for gross and willful misconduct.

IF YOUR TEST YIELDS A VERIFIED LABORATORY POSITIVE RESULT:

1. The State Medical Director's office will contact you and give you an opportunity to present information to establish a legal medical explanation for the positive result. The office will make three attempts to contact you within 48 hours of receipt of the positive result.
2. Verified laboratory positive test results may result in disciplinary action up to and including termination from State service for gross and willful misconduct and/or mandatory participation in a drug abuse rehabilitation program.
3. You may request an independent test of a portion of the original specimen. The retest must be performed by a U.S. Department of Health and Human Services certified laboratory that has been licensed in accordance with the laws of Maryland. You will be provided a list of certified laboratories from which to make your selection. You are responsible for all costs associated with the retest.
4. You have the right to appeal any action taken against you as a result of a verified laboratory positive test through the appropriate disciplinary action or grievance appeal process.

Agency Technical Representative _____ Date: _____

Employee _____ Date: _____

- Original - AGENCY ATR
- Copy - EMPLOYEE
- Copy - COLLECTION REPRESENTATIVE