

DRUG ABUSE SCREEN - APPLICANT AUTHORIZATION
7-PANEL DRUG SCREEN
THIS IS A CONFIDENTIAL DOCUMENT

Applicant's Name: _____

Social Security #: XXX-XX- _____

Classification: _____

JobAps Easy ID #: _____

Agency/Institution: _____

Appropriation Code: _____

In accordance with Code of Maryland Regulation (COMAR) 17.04.09, Testing for Illegal Use of Drugs, I am directing you to submit to a urinalysis test to determine your suitability for State employment. The collection will take place as follows:

Collection 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.

Phamatech, Inc., 15175 Innovation Drive San Diego, CA 92128, will conduct the test, and the specimen will be screened for the following drugs:

Amphetamines	Benzodiazepines	Marijuana/Cannabinoids	Phencyclidine (PCP)
Barbiturates	Cocaine	Opiates	

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 condition of employment, you will be disqualified from consideration for the position for which you applied. In addition, your name will be removed from the eligible list for all sensitive positions or positions in sensitive classifications.

IF YOUR TEST YIELDS A VERIFIED LABORATORY POSITIVE RESULT:

- 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.
- If you are currently a State employee who is applying for a position in a sensitive classification or a sensitive position, COMAR 17.04.09.03E(3)(a) requires the State Medical Director to notify your current appointing authority of a verified laboratory positive test result.
- Verified laboratory positive test results will disqualify you from State employment in sensitive positions or positions in sensitive classifications.
- 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.
- You have the right to appeal any action resulting from a positive test by writing to the Department of Budget and Management within five workdays of your receipt of such notification.

Agency Technical Representative: _____

Date: _____

Applicant/Applicant-Employee: _____

Date: _____

Original - AGENCY ATR

• Copy - APPLICANT

• Copy - COLLECTION REPRESENTATIVE