



REPORT OF VALID POSITIVE RESULT ON DRUG TEST UNDER TRC 644.252



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|--------------|---------------------------|--|------------------------|--------------------|
| A. ID | NAME OF MOTOR CARRIER | | | DATE OF DRUG TEST |
| | NAME OF INDIVIDUAL TESTED | | SOCIAL SECURITY NUMBER | CDL NUMBER & STATE |
| BIRTHDATE | | | | |

B. CERTIFICATION OF MEDICAL REVIEW OFFICER

By signing below, I, the Medical Review Officer (MRO) certify the following:

- I am the MRO for the drug testing program or consortium of the motor carrier listed above.
- I am a licensed physician with knowledge of substance abuse disorders.
- This individual is subject to a report of a valid positive result of a drug test under TRC §644.252 because:
 - The individual tested positive for the following substance(s);
 - Marijuana metabolites
 - Cocaine metabolites
 - Opiate metabolites (**TEST RESULT FOR OPIATES ONLY** - GC/MS confirmation does not confirm the presence of 6-monoacetylmorphine) I determined that there is clinical evidence, in addition to the urine test, of unauthorized use of an opium, opiate, or opium derivative or the level is 15,000 or above;
 - Amphetamines
 - Phencyclidine (PCP)

OR

The individual refused to submit to testing by:

- Submitting an adulterated, diluted, or substituted specimen.
- Refusing to submit a specimen
- Refusing to cooperate with the specimen collection process or submit to follow-up testing or evaluation.

4. I followed the drug testing procedures required by 49 CFR Parts 40 and 382 (or other parts applicable to CDL holders) applicable to the MRO. I reviewed the chain of custody of the specimen submitted by the individual tested to ensure that it is complete and sufficient on its face; examined any alternative medical explanations for the positive drug test result; and gave the individual tested an opportunity to discuss the test result prior to making a final decision to verify the positive test result:

- I talked directly with the individual tested before verifying the test as positive; or
- After making all reasonable efforts to contact the individual tested, including contacting a designated management official of the motor carrier, I was unable to communicate directly with the individual within 10 days of the date I received the test result from the laboratory; or
- The individual tested was instructed by the designated management official of the motor carrier to contact me and the individual then failed to contact me within 72 hours; or
- The individual tested expressly declined an opportunity to discuss the test result.

I further certify that I have reviewed my records and that the information contained in this certificate is true and correct to the best of my knowledge.

| | | | |
|--------------|-----------------------|-------|-----|
| PRINTED NAME | SIGNATURE X | | |
| ADDRESS | CITY | STATE | ZIP |

C. CERTIFICATE OF MOTOR CARRIER

By signing below, I, the authorized representative of the Motor Carrier listed above, certify the following:

- The Motor Carrier listed above:
 - Has an in-house drug and alcohol testing program that meets the federal requirements of 49 CFR Parts 40 and 382 (or other parts applicable to CDL holders); **OR**
 - Is a member of a consortium, as defined in 49 CFR 382.107, that provides drug and alcohol testing that meets the federal requirements of 49 CFR Parts 40 and 382 (or other parts applicable to CDL holders).

NAME OF CONSORTIUM: _____

- The individual tested is subject to drug testing by the Motor Carrier, and was tested for the following reason:
 - Random
 - Reasonable Suspicion
 - Post-Accident
 - Return to Duty
 - Follow-up
 - Pre-employment
 - Other _____; **AND**
 - Tested positive for a prohibited drug under 49 CFR Parts 40 and 382 (or other parts applicable to CDL holders) (**NOTE:** a copy of the federal drug testing custody and control form or the MRO's report of positive controlled substance result must be attached); **OR**
 - Refused to submit to a controlled substance test (**NOTE:** MRO certification is not required)

I further certify that I have reviewed the motor carrier's records and that the information contained in this certificate is true and correct to the best of my knowledge.

| | | | |
|--|------|------------------|-----|
| PRINTED NAME OF DESIGNATED MOTOR CARRIER REPRESENTATIVE | | TELEPHONE NUMBER | |
| ADDRESS | | | |
| SIGNATURE OF DESIGNATED MOTOR CARRIER REPRESENTATIVE X | CITY | STATE | ZIP |

DELIVER OR MAIL THIS FORM AND ANY ATTACHMENTS TO THE MCS SUPERVISOR, MOTOR CARRIER BUREAU, TEXAS DEPARTMENT OF PUBLIC SAFETY, 6200 GUADALUPE, MSC #0521, AUSTIN, TX 78752-4019, OR FAX LEGIBLE COPY TO 512/424-5310.

INSTRUCTIONS FOR THE COMPLETION OF THE REPORT OF POSITIVE DRUG TEST UNDER TRC 644.252

TO THE MEDICAL REVIEW OFFICER (MRO)

1. You must complete parts A & B of this form, including an original signature in Part B.
2. You must attach a copy of the Federal Drug Testing Custody and Control form with Step 6 completed, or a report form on your letterhead and bearing your signature showing the result of the test. A report on your letterhead must contain a statement that you complied with 49 CFR Parts 40 and 382 (or other parts applicable to CDL holders) in verifying the results.
3. If this form is completed on a self-employed driver, deliver or mail this form, along with the supporting documents, to MCS Section Supervisor, Motor Carrier Bureau, Texas Department of Public Safety, 6200 Guadalupe, MSC #0521, Austin, Texas 78752-4019. **Legible copies only may be sent by facsimile to 512/424-5310.**
4. Retain a copy of this form and the Federal Drug Testing, Custody and Control form and/or the MRO's report of positive controlled substance result.
5. Please forward your report to the carrier (or to the department if the carrier is an owner-operator) within **five** days of completing the test results.

TO THE MOTOR CARRIER

1. Obtain documentation from the MRO
 - a. **If the specimen tested positive, or was diluted, adulterated or substituted**, inform the MRO who verified the positive drug test result that he/she must complete and sign the "Certification of Medical Review Officer" section, and provide you with either a copy of the Federal Drug Testing Custody and Control form with Step 6 completed, or a report form on the MRO's letterhead and bearing the MRO's signature showing the result of the test. A report on the MRO's letterhead must contain a statement that the MRO complied with 40 CFR Parts 40 and 382 (or other parts applicable to CDL holders).
 - b. **If the donor refused to provide a specimen**, you do not need documentation from the MRO.
2. After receiving the completed "Certification of Medical Review Officer" section and supporting documents, you must complete and sign the "Certificate of Motor Carrier" section.
3. You must attach a legible copy of the signed MRO's report or the Federal Drug Testing, Custody and Control form or the MRO's signed report of positive controlled substance result.
4. Deliver or mail this form and the supporting documentation to: MCS Section Supervisor, Motor Carrier Bureau, Texas Department of Public Safety, 6200 Guadalupe, MSC #0521, Austin, Texas 78752-4019. **Legible copies only may be sent by facsimile to 512/424-5310.**
5. Retain a copy of this form and the Federal Drug Testing, Custody and Control form and/or the MRO's report of positive controlled substance result in the Motor Carrier records as required by 49 CFR Parts 40 and 382 (or other parts applicable to CDL holders).
6. You must forward this report to the department within **ten** days of receiving the completed test results.