



# Behavioral Health is Essential To Health



Prevention Works



Treatment is Effective



People Recover



# ECCF Updates 2017

Presented by  
***Charles LoDico, M.S., F-ABFT***

**March 20, 2017**

Drug Testing Advisory Board



# Presentation Objective

- 2017 Change to CCF
- Process for Extending OMB Approved CCF
- Guidance for Transition
- Electronic Federal Custody and Control Form (ECCF)
- NLCP Laboratory ECCF Data

# 2014 Federal CCF (current)

FEDERAL DRUG TESTING CUSTODY AND CONTROL FORM



SPECIMEN ID NO. **000001**      ACCESSION NO. \_\_\_\_\_

**STEP 1: COMPLETED BY COLLECTOR OR EMPLOYER REPRESENTATIVE**

A. Employer Name, Address, I.D. No. \_\_\_\_\_ B. MRO Name, Address, Phone No. and Fax No. \_\_\_\_\_

C. Donor SSN or Employee I.D. No. \_\_\_\_\_

D. Specify Testing Authority:  HHS  NRC  DOT - Specify DOT Agency:  FMCSA  FAA  FRA  FTA  PHMSA  USCG

E. Reason for Test:  Pre-employment  Random  Reasonable Suspicion/Cause  Post Accident  Return to Duty  Follow-up  Other (specify) \_\_\_\_\_

F. Drug Tests to be Performed:  THC, COC, PCP, OPI, AMP  THC & COC Only  Other (specify) \_\_\_\_\_

G. Collection Site Address: \_\_\_\_\_ Collector Phone No. \_\_\_\_\_ Collector Fax No. \_\_\_\_\_

**STEP 2: COMPLETED BY COLLECTOR (make remarks when appropriate) Collector reads specimen temperature within 4 minutes.**  
 Temperature between 90° and 100°F?  Yes  No, Enter Remark \_\_\_\_\_ Collection:  Split  Single  None Provided, Enter Remark \_\_\_\_\_  Observed, Enter Remark \_\_\_\_\_

REMARKS \_\_\_\_\_

**STEP 3: Collector affixes bottle seal(s) to bottle(s). Collector dates seal(s). Donor initials seal(s). Donor completes STEP 5 on Copy 2 (MRO Copy)**

**STEP 4: CHAIN OF CUSTODY - INITIATED BY COLLECTOR AND COMPLETED BY TEST FACILITY**  
*I certify that the specimen given to me by the donor identified in the certification section on Copy 2 of this form was collected, labeled, sealed and released to the Delivery Service noted in accordance with applicable Federal requirements.*

<input checked="" type="checkbox"/> Signature of Collector _____ <small>(PRINT) Collector's Name (First, MI, Last)</small>	Date (Mo/Day/Yr) _____	Time of Collection _____ <small>AM PM</small>	SPECIMEN BOTTLE(S) RELEASED TO: _____
<input checked="" type="checkbox"/> Signature of Accessioner _____ <small>(PRINT) Accessioner's Name (First, MI, Last)</small>	Date (Mo/Day/Yr) _____	Primary Specimen Bottle Seal Intact <input type="checkbox"/> YES <input type="checkbox"/> NO <small>If NO, Enter remark in Step 5A.</small>	SPECIMEN BOTTLE(S) RELEASED TO: _____

**TRANSFER FROM IITF TO LAB. I certify that the specimen identified on this form was handled using chain of custody procedures and resealed in accordance with applicable Federal requirements.**

<input checked="" type="checkbox"/> Signature _____ <small>(PRINT) Name (First, MI, Last)</small>	Date (Mo/Day/Yr) _____	Name of Delivery Service _____	SPECIMEN BOTTLE(S) RELEASED TO: _____
<input checked="" type="checkbox"/> Signature of Accessioner _____ <small>(PRINT) Accessioner's Name (First, MI, Last)</small>	Date (Mo/Day/Yr) _____	Primary Specimen Bottle Seal Intact <input type="checkbox"/> YES <input type="checkbox"/> NO <small>If NO, Enter remark in Step 5A.</small>	SPECIMEN BOTTLE(S) RELEASED TO: _____

**STEP 5A: PRIMARY SPECIMEN REPORT - COMPLETED BY TEST FACILITY**

NEGATIVE  DILUTE  POSITIVE for:  Marijuana Metabolite (Δ9-THCA)  6-Acetyl/morphine  Methamphetamine  MDMA  Cocaine Metabolite (BZE)  Morphine  Amphetamine  MDA  PCP  Codeine  MDEA

REJECTED FOR TESTING  ADULTERATED  SUBSTITUTED  INVALID RESULT

REMARKS: \_\_\_\_\_

Test Facility (if different from above): \_\_\_\_\_  
*I certify that the specimen identified on this form was examined upon receipt, handled using chain of custody procedures, analyzed, and reported in accordance with applicable Federal requirements.*

Signature of Certifying Technician/Scientist \_\_\_\_\_ (PRINT) Certifying Technician/Scientist's Name (First, MI, Last) Date (Mo/Day/Yr) \_\_\_\_\_

**STEP 5B: COMPLETED BY SPLIT TESTING LABORATORY**

SPLIT SPECIMEN TESTED; SEE LABORATORY REPORT \_\_\_\_\_  
Split Testing Laboratory (Name, City, State)

 000001 SPECIMEN ID NO.	A	PLACE OVER CAP	000001 SPECIMEN BOTTLE SEAL	_____ <small>Date (Mo/Day/Yr)</small> _____ <small>Donor's Initials</small>
 000001 SPECIMEN ID NO.	B (SPLIT)	PLACE OVER CAP	000001 SPECIMEN BOTTLE SEAL	_____ <small>Date (Mo/Day/Yr)</small> _____ <small>Donor's Initials</small>

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# Federal CCF Expiration Date

## NOTICE OF OFFICE OF MANAGEMENT AND BUDGET ACTION

Date 07/29/2014

Department of Health and Human Services  
Substance Abuse and Mental Health Services

FOR CERTIFYING OFFICIAL: Franklin Baitman  
FOR CLEARANCE OFFICER: Darius Taylor

In accordance with the Paperwork Reduction Act, OMB has taken action on your request received 06/18/2014

ACTION REQUESTED: No material or nonsubstantive change to a currently approved collection

TYPE OF REVIEW REQUESTED: Regular

ICR REFERENCE NUMBER: 201406-0930-001

AGENCY ICR TRACKING NUMBER: 20007

TITLE: Mandatory Guidelines for Federal Workplace Drug Testing Programs

LIST OF INFORMATION COLLECTIONS: See next page

OMB ACTION: Approved without change

OMB CONTROL NUMBER: 0930-0158

The agency is required to display the OMB Control Number and inform respondents of its legal significance in accordance with 5 CFR 1320.5(b).

EXPIRATION DATE: 05/31/2017

DISCONTINUE DATE:

BURDEN:	RESPONSES	HOURS	COSTS
Previous	24,600,108	1,546,329	0
New	24,600,108	1,546,329	0
Difference			
Change due to New Statute	0	0	0
Change due to Agency Discretion	0	0	0
Change due to Agency Adjustment	0	0	0
Change due to PRA Violation	0	0	0

TERMS OF CLEARANCE: Terms of the previous clearance remain in effect.

# 2017 Federal CCF

FEDERAL DRUG TESTING CUSTODY AND CONTROL FORM



SPECIMEN ID NO. 000001

**STEP 1: COMPLETED BY COLLECTOR OR EMPLOYER REPRESENTATIVE**      **ACCESSION NO.**

A. Employer Name, Address, I.D. No.      B. MRO Name, Address, Phone No. and Fax No.

C. Donor SSN or Employee I.D. No. \_\_\_\_\_

D. Specify Testing Authority:  HHS  NRC    Specify DOT Agency:  FMCSA  FAA  FRA  FTA  PHMSA  USCG

E. Reason for Test:  Pre-employment  Random  Reasonable Suspicion/Cause  Post Accident  Return to Duty  Follow-up  Other (specify) \_\_\_\_\_

F. Drug Tests to be Performed:  THC, COC, PCP, OPI, AMP     THC & COC Only     Other (specify) \_\_\_\_\_

G. Collection Site Address: \_\_\_\_\_      Collector Phone No. \_\_\_\_\_

Collector Fax No. \_\_\_\_\_

**STEP 2: COMPLETED BY COLLECTOR (make remarks when appropriate) Collector reads specimen temperature within 4 minutes.**

Temperature between 90° and 100° F?  Yes  No, Enter Remark \_\_\_\_\_    Collection:  Split  Single  None Provided, Enter Remark \_\_\_\_\_     Observed, Enter Remark \_\_\_\_\_

REMARKS \_\_\_\_\_

**STEP 3: Collector affixes bottle seal(s) to bottle(s). Collector dates seal(s). Donor initials seal(s). Donor completes STEP 5 on Copy 2 (MRO Copy)**

**STEP 4: CHAIN OF CUSTODY - INITIATED BY COLLECTOR AND COMPLETED BY TEST FACILITY**

I certify that the specimen given to me by the donor identified in the certification section on Copy 2 of this form was collected, labeled, sealed and released to the Delivery Service noted in accordance with applicable Federal requirements.

X \_\_\_\_\_      Signature of Collector      AM \_\_\_\_\_      Name of Delivery Service \_\_\_\_\_

(PRINT) Collector's Name (First, MI, Last)      Date (Mo/Day/Yr)      Time of Collection      \_\_\_\_\_

SPECIMEN BOTTLE(S) RELEASED TO: \_\_\_\_\_

**RECEIVED AT LAB OR IITF:**

X \_\_\_\_\_      Signature of Accessioner      AM \_\_\_\_\_      Name of Delivery Service \_\_\_\_\_

(PRINT) Accessioner's Name (First, MI, Last)      Date (Mo/Day/Yr)      \_\_\_\_\_

Primary Specimen Bottle Seal Intact:  YES  NO    If NO, Enter remark in Step 5A.

SPECIMEN BOTTLE(S) RELEASED TO: \_\_\_\_\_

**STEP 5A: PRIMARY SPECIMEN REPORT - COMPLETED BY TEST FACILITY**

NEGATIVE     POSITIVE for:  Marijuana Metabolite (Δ9-THCA)     Methamphetamine     MDMA     6-Acetylmorphine     OXYC     HYC

DILUTE     Cocaine Metabolite (BZE)     Amphetamine     MDA     Morphine     OXYM     HYM

REJECTED FOR TESTING     ADULTERATED     SUBSTITUTED     INVALID RESULT     Codeine

REMARKS: \_\_\_\_\_

Test Facility (if different from above): \_\_\_\_\_

I certify that the specimen identified on this form was examined upon receipt, handled using chain of custody procedures, analyzed, and reported in accordance with applicable Federal requirements.

X \_\_\_\_\_      Signature of Certifying Technician/Scientist      (PRINT) Certifying Technician/Scientist's Name (First, MI, Last)      Date (Mo/Day/Yr)

**STEP 5b: COMPLETED BY SPLIT TESTING LABORATORY**

Laboratory Name \_\_\_\_\_     RECONFIRMED     FAILED TO RECONFIRM - REASON \_\_\_\_\_

Laboratory Address \_\_\_\_\_    I certify that the split specimen identified on this form was examined upon receipt, handled using chain of custody procedures, analyzed, and reported in accordance with applicable Federal requirements.

X \_\_\_\_\_      Signature of Certifying Scientist      (PRINT) Certifying Scientist's Name (First, MI, Last)      Date (Mo/Day/Yr)

	A	PLACE OVER CAP	000001 SPECIMEN BOTTLE SEAL	Date (Mo/Day/Yr) _____ Donor's Initials _____
	B (SPLIT)	PLACE OVER CAP	000001 SPECIMEN BOTTLE SEAL	Date (Mo/Day/Yr) _____ Donor's Initials _____

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8000

# Changes to the 2017 CCF

- Remove the checkbox, the letters “DOT”, and hash line in front of Specify DOT Agency in Step 1: Completed by collector or employer Representative; Line D: Specify Testing Authority.
- Addition of four new analytes (oxycodone, oxymorphone, hydrocodone, and hydromorphone) in Step 5A: Primary Specimen Report - Completed by Test Facility.
- Removal of the analyte methylenedioxyethylamphetamine (MDEA) in Step 5A: Primary Specimen Report - Completed by Test Facility.

# Step 1 Changes to CCF

STEP 1: COMPLETED BY COLLECTOR OR EMPLOYER REPRESENTATIVE

ACCESSION NO.

A. Employer Name, Address, I.D. No.

B. MRO Name, Address, Phone No. and Fax No.

C. Donor SSN or Employee I.D. No. \_\_\_\_\_

D. Specify Testing Authority:  HHS  NRC    Specify DOT Agency:  FMCSA  FAA  FRA  FTA  PHMSA  USCG

E. Reason for Test:  Pre-employment  Random  Reasonable Suspicion/Cause  Post Accident  Return to Duty  Follow-up  Other (specify) \_\_\_\_\_

F. Drug Tests to be Performed:  THC, COC, PCP, OPI, AMP  THC & COC Only  Other (specify) \_\_\_\_\_

G. Collection Site Address:

Collector Phone No. \_\_\_\_\_

Collector Fax No. \_\_\_\_\_

OMB No. 0930-0158

# Step 5(a) Changes to CCF

## STEP 5A: PRIMARY SPECIMEN REPORT - COMPLETED BY TEST FACILITY

MULTIPLE COPIES

- NEGATIVE**    **POSITIVE** for:    Marijuana Metabolite ( $\Delta$ 9-THCA)    Methamphetamine    MDMA    6-Acetylmorphine    OXYC    HYC  
 DILUTE    Cocaine Metabolite (BZE)    Amphetamine    MDA    Morphine    OXYM    HYM  
 PCP    Codeine
- REJECTED FOR TESTING**    **ADULTERATED**    **SUBSTITUTED**    **INVALID RESULT**

REMARKS: \_\_\_\_\_

Test Facility (if different from above) : \_\_\_\_\_

*I certify that the specimen identified on this form was examined upon receipt, handled using chain of custody procedures, analyzed, and reported in accordance with applicable Federal requirements.*

**X** \_\_\_\_\_ /\_\_\_\_\_/\_\_\_\_\_  
Signature of Certifying Technician/Scientist                      (PRINT) Certifying Technician/Scientist's Name (First, MI, Last)                      Date (Mo/Day/Yr)

# OMB CCF Doc's Submission

- Att -A- Executive Order 12564
- Att -B- FRN MG 2017
- Att -C- 2017 Fed CCF Proof
- Att -D- Urine Lab Application Form
- Att -E- Urine Lab A,B,C Checklist
- Att -F- IITF Lab Application Form
- Att -D- IITF Lab A,B,C Checklist

# OMB CCF Approval Process

- 60 Day FRN Burden Hours
- 30 Day FRN CCF Form Approval
- OMB Supporting Statement

# 60 Day FRN on Burden Hours

12



Federal Register / Vol. 82, No. 32 / Friday, February 17, 2017 / Notices

11051

## **DEPARTMENT OF HEALTH AND HUMAN SERVICES**

### **Substance Abuse and Mental Health Services Administration**

#### **Agency Information Collection Activities: Proposed Collection; Comment Request**

In compliance with Section 3506(c)(2)(A) of the Paperwork Reduction Act of 1995 concerning the opportunity for public comment on proposed collections of information, the Substance Abuse and Mental Health Services Administration (SAMHSA) will publish periodic summaries of proposed projects. To request more information on the proposed projects or to obtain a copy of the information collection plans, call the SAMHSA Reports Clearance Officer at (240) 276-1243.

Comments are invited on: (a) Whether the proposed collections of information

# 2017 CCF Timeline

- May 31,2017
  - OMB CCF expires
- June 1,2017
  - OMB CCF renewed
- October 1,2017
  - Effective date for MG 2017 (additional analyte)

# Guidance for CCF Transition

- <https://www.samhsa.gov/sites/default/files/guidance-2014-ccf.pdf>  
–Guidance for use of 2017 CCF

# ECCF Lab Data

# ECCF Approval Process

- SAMHSA/HHS approves the HHS-certified laboratory to use that ECCF system for regulated specimens
  - Sends approval letter to the laboratory
- The laboratory is included on the list of HHS-certified laboratories with approval to implement an ECCF system for regulated testing – posted on SAMHSA website  
<http://www.samhsa.gov/workplace>
- 11 HHS NLCP Certified Labs Approved for ECCF



# 2015 Total NLCP Lab Test

Category	Lab Total (2015)	Lab Monthly AVG (2015)	Percent of All Labs Total (2015)
3	132,704	11,059	1.99%
3	120,223	10,019	1.81%
<b>CAT 3</b>	<b>252,927</b>	<b>10,539</b>	<b>3.80%</b>
4	318,318	26,527	4.79%
4	223,327	18,611	3.36%
4	309,862	25,822	4.66%
<b>CAT 4</b>	<b>851,507</b>	<b>23,653</b>	<b>12.80%</b>
5	427,758	35,647	6.43%
5	447,443	37,287	6.73%
5	523,096	43,591	7.86%
5	593,580	49,465	8.92%
<b>CAT 5</b>	<b>1,991,877</b>	<b>41,497</b>	<b>29.94%</b>
5.5	767,902	63,992	11.54%
5.5	1,319,417	109,951	19.84%
<b>CAT 5+</b>	<b>2,087,319</b>	<b>86,972</b>	<b>31.38%</b>
<b>Totals</b>	<b>5,188,630</b>		<b>77.93%</b>
<b>Total Tested (all labs)</b>	<b>6,651,854</b>		

# HHS-certified Laboratories/ HHS-approved ECCF Laboratories

19

- HHS-certified laboratories
  - [www.samhsa.gov/workplace/resources/drug-testing/certified-lab-list](http://www.samhsa.gov/workplace/resources/drug-testing/certified-lab-list)
- HHS-approved ECCF laboratories
  - [www.samhsa.gov/sites/default/files/programs\\_campaigns/division\\_workplace\\_programs/eccf-lab-list-may-2016.pdf](http://www.samhsa.gov/sites/default/files/programs_campaigns/division_workplace_programs/eccf-lab-list-may-2016.pdf)

# Specimen Collected by ECCF (One NLCP Lab)

Date	Total Specimen Received	# Collected by ECCF	% Collected by ECCF
Sep-15	54,850	0	0.0%
Oct-15	52,836	544	1.03%
Dec-15	48,177	1800	3.74%
Jan-16	45,362	2932	6.46%
Feb-16	47,143	4269	9.06%
Mar-16	56,843	5681	9.99%
Apr-16	51,123	6088	11.91%
May-16	49,614	5724	11.54%
Jun-16	53,183	6994	13.15%
Jul-16	46,945	7423	15.81%
Aug-16	57,652	8952	15.53%
Sep-16	54,877	8987	16.38%
Oct-16	49,371	8857	17.94%
Nov-16	46,954	8319	17.72%
Dec-16	46,987	8430	17.94%
Jan-17	47,643	9032	18.96%
Feb-17	53,011	9636	18.18%

# Data Collection from ECCF Labs

Month-Year	Total Regulated Specimens	# Federal ECCF	% ECCF	Total Rejected Specimens	# Rejected - Collector error		% Rejected
					Paper	ECCF	
Oct-14	49,839			65			0.13%
Nov-14	45,765			48			0.10%
Dec-14	41,322			52			0.13%
Jan-15	44,068			54			0.12%
Feb-15	43,882			39			0.09%
Mar-15	46,889			61			0.13%
Apr-15	47,206			55			0.12%
May-15	50,865			57			0.11%
Jun-15	52,866			51			0.10%
Jul-15	53,910			59			0.11%
Aug-15	54,675			86			0.16%
Sep-15	54,850			65			0.12%
Oct-15	52,836	544	1.03%	56	55	1	0.11%
Nov-15	44,047	828	1.88%	52	51	1	0.12%
Dec-15	48,177	1800	3.74%	56	55	1	0.12%
Jan-16	45,362	2932	6.46%	64	59	5	0.14%
Feb-16	47,143	4269	9.06%	117	76	41	0.25%
Mar-16	56,843	5681	9.99%	220	83	137	0.39%
Apr-16	51,123	6088	11.91%	186	73	113	0.36%
May-16	49,614	5724	11.54%	96	51	45	0.19%
Jun-16	53,183	6994	13.15%	100	72	28	0.19%
Jul-16	46,945	7423	15.81%	59	51	8	0.13%
Aug-16	57,652	8952	15.53%	133	81	52	0.23%
Sep-16	54,877	8987	16.38%	109	72	37	0.20%
Oct-16	49,371	8857	17.94%	98	65	33	0.20%
Nov-16	46,954	8319	17.72%	108	60	48	0.23%
Dec-16	46,987	8430	17.94%	94	54	40	0.20%
Jan-17	47,643	9032	18.96%	65	34	31	0.14%
Feb-17	53,011	9636	18.18%	130	47	83	0.25%

# Effect of ECCF On Laboratory Process

22

- Pre-Accessioned Data – Reduce Data Entry time and human typo errors
- No altered CCFs (MRO data and Employer data on CCF is not altered, clearly identified)
- Greatly effects MRO changes, as new CCFs are not needed to be shipped, nor do existing CCFs need to be altered
- Legible CCFs
- No hand-writing deciphering
- Reduces amount of CCFs shipped out and storage of CCFs at each clinic

# Related ECCF Documents

- Update the MRO Manual
- Update the Collection Hand Book
- Update the Laboratory Checklist
- Guidance Use of CCF on DWP Website

# DWP Workplace Helpline

- [www.samhsa.gov/workplace](http://www.samhsa.gov/workplace)
- [dwp@samhsa.hhs.gov](mailto:dwp@samhsa.hhs.gov)
- 1-800-967-5752