

Behavioral Health is Essential To Health



Prevention Works



Treatment is Effective



People Recover



eCCF Updates 2013

Presented by
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Drug Testing Advisory Board



2010 Federal CCF

FEDERAL DRUG TESTING CUSTODY AND CONTROL FORM



SPECIMEN ID NO. 0000001

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 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.

SPECIMEN BOTTLE(S) RELEASED TO:

X _____ Signature of Collector _____ AM _____ PM _____

(PRINT) Collector's Name (First, MI, Last) _____ Date (Mo/Day/Yr) _____ Time of Collection _____ Name of Delivery Service _____

RECEIVED AT IITF:

X _____ Signature of Accessioner _____

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

IITF Name and Address (if not above): _____ Primary Specimen Bottle Seal Intact YES NO

If NO, Enter remark in Step 5A. _____

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.

X _____ Signature _____ (PRINT) Name (First, MI, Last) _____ Date (Mo/Day/Yr) _____ Name of Delivery Service _____

RECEIVED AT LAB:

X _____ Signature of Accessioner _____

(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 DILUTE POSITIVE for: Marijuana Metabolite (A9-THCA) 6-Acetylmorphine 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.

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

STEP 6B: COMPLETED BY SPLIT TESTING LABORATORY

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

	A	PLACE OVER CAP	0000001 SPECIMEN BOTTLE SEAL	Date (Mo/Day/Yr) _____ Donor's Initials _____
	B (SPLIT)	PLACE OVER CAP	0000001 SPECIMEN BOTTLE SEAL	Date (Mo/Day/Yr) _____ Donor's Initials _____

PUSH HARD - YOU ARE MAKING MULTIPLE COPIES

Version: C 24May2010



SAMHSA Objectives

- SAMHSA has convened a working group, including Federal partners, on the standards to be established concerning:
 - Electronic signature
 - Non-repudiation agreement for digital signatures
 - Third party software for managing Federal CCF information
 - Unique specimen identification number
 - The legally-binding equivalent of traditional hand-written signatures in a forensic arena
 - The security of data transmission over telecommunications systems/networks
 - The integrity of document content

2010 CCF Working Group Members

- Ms. Kathy Petrick (American Solutions for Business)
- Dr. Jennifer Collins (MedTox)
- Ms. Susan Mills (Quest Diagnostics, Inc.)
- Dr. William Lynn (LabCorp)
- Mr. Neil Fortner (U.S. Air Force Drug Testing Laboratory)
- Bohdan Baczara (DOT)

2013 eCCF Working Group Members

- Ms. Kathy Petrick (American Solutions for Business)
- Dr. Jennifer Collins (MedTox)
- Dr. Barry Sample (Quest Diagnostics, Inc.)
- Ms. Phyllis Chandler (LabCorp)
- Mr. Neil Fortner (U.S. Air Force Drug Testing Laboratory)
- Mark Snyder (DOT)
- Mr. Eric Quilter (Compliance Information Systems)
- Dr. Murray Lappe (eScreen)
- Todd Shoulberg --ClearStar Medical Review Office

eCCF Working Group

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- January 27, 2012
 - Introduction of working group members, provide reference documents
- April 25, 2012
 - Assign tasks and establish outcome
- May 31, 2012
 - Report from working group members
- June 21, 2012
 - Consensus report from working group members
- August 23, 2012
 - Finalize the working group recommendations

Outcome of eCCF Working Group

- Three areas of discussions:
 - eCCF risks and benefits
 - Standardized definitions or terms
 - eCCF operational considerations

eCCF Risks and Benefits for:

- Federal Agencies/Employers/Employees
- Collection Sites
- Laboratories
- Medical review officers (MRO)/Third Party Administrators (TPA)
- Data / Litigation Package

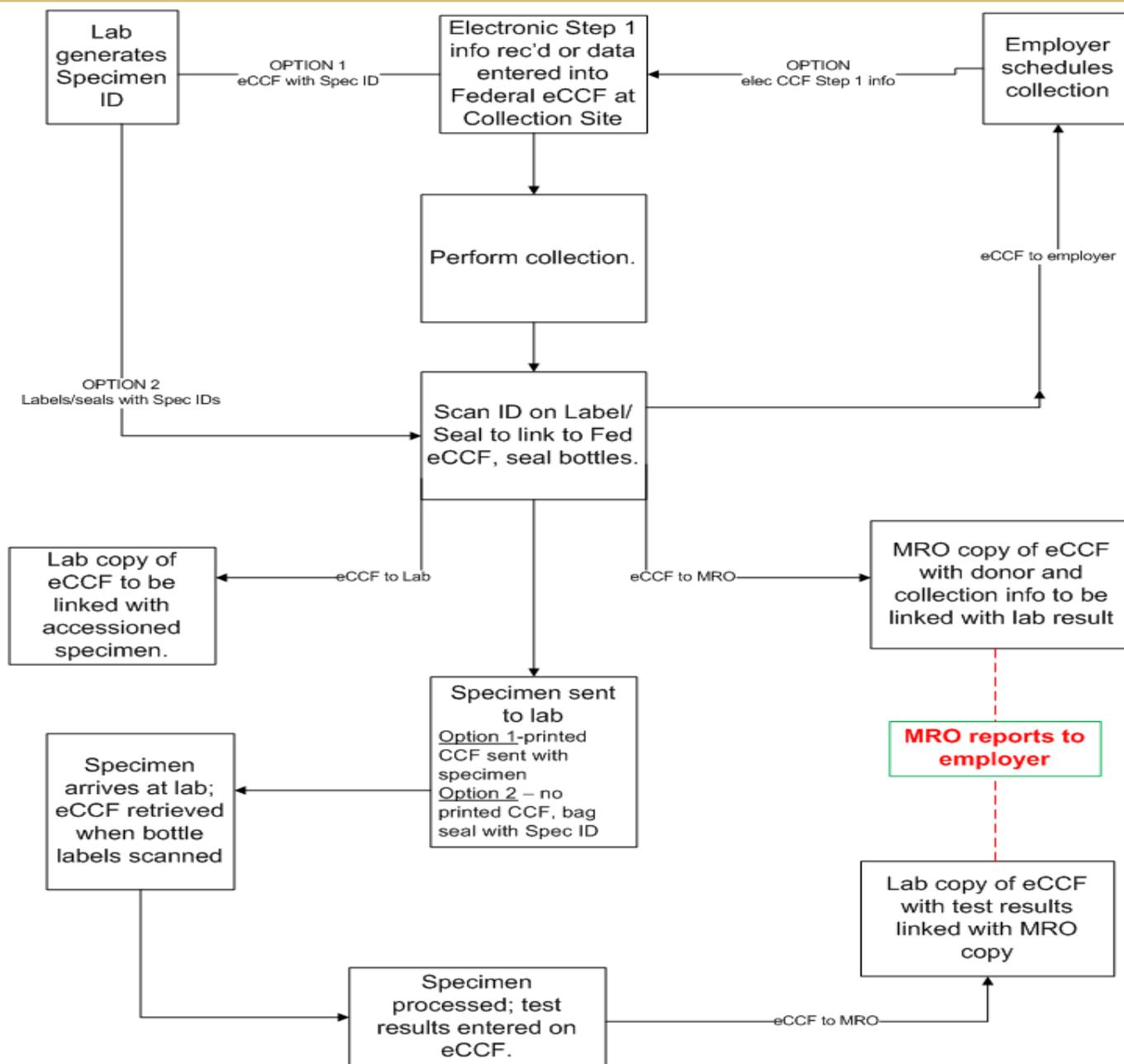
Definitions and Terms

References

1. FDA, Electronic Records; Electronic Signatures, 21 CFR 11
2. NIST Special Publication 800-63-1, Information Security-Electronic Authentication Guideline, December 2011.
3. OMB, Circular No. A-130, Implementation of the Government Paperwork Elimination Act, Appendix II - Implementation of the Government Paperwork Elimination Act, April 2000.
4. GAO Report 08-536, Privacy-Alternatives Exist for Enhancing Protection of Personally Identifiable Information, May 2008.

eCCF Operational Considerations

- Federal Agencies/Employers/Employees
- Collection Sites
- Laboratories
- Medical review officers (MRO)/Third Party Administrators (TPA)
- Data / Litigation Package



Related eCCF Documents

- Update the MRO Manual
- Update the Collection Hand Book
- Update the Laboratory Checklist