

Behavioral Health is Essential To Health



Prevention Works



Treatment is Effective



People Recover



eCCF Updates 2013

Presented by
Charles LoDico, M.S., DABFT

July 15, 2013

Drug Testing Advisory Board



2013 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.

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

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

Signature of Certifying Technician/Scientist X _____ (PRINT) Certifying Technician/Scientist's Name (First, MI, Last)	Date (Mo/Day/Yr) _____ Split Testing Laboratory (Name, City, State)
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STEP 5B: COMPLETED BY SPLIT TESTING LABORATORY

SPLIT SPECIMEN TESTED; SEE LABORATORY REPORT

	A 0000001 SPECIMEN ID NO.	PLACE OVER CAP	0000001 SPECIMEN BOTTLE SEAL	Date (Mo/Day/Yr) _____ Donor's Initials _____
	B 0000001 SPECIMEN ID NO. (SPLIT)	PLACE OVER CAP	0000001 SPECIMEN BOTTLE SEAL	Date (Mo/Day/Yr) _____ Donor's Initials _____

Version: C 24May2010

OMB No. 0930-0188

PRESS HARD - YOU ARE MAKING MULTIPLE COPIES

80000

Extending the Federal CCF

- In accordance with the GPEA, OMB set terms of clearance for the extension of the current Federal CCF as follows: Prior to the next approval of this package, the Agency (SAMHSA) shall provide a progress update on adoption of electronic forms in an effort to reduce burden. SAMHSA is encouraged to explore ways to convert the Federal Drug Testing Custody and Control Form (Federal CCF) into an electronic form.

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

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

- 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

Related eCCF Documents

- Update the MRO Manual
- Update the Collection Hand Book
- Update the Laboratory Checklist
- Update the Guidance for using the 2013 Federal CCF (DWP website)

2013 60D OMB Burden Hours

- FRN Vol. 78, No. 83/ Tuesday, April 30 2013 p. 25282
- Proposed Collection, Comment Request
- FRN Published 4/30/2013 ended 7/1/2013
- No comments on estimated burden hours

2013 30D OMB Review

- FRN Vol. 78, No. 135/Monday, July 15, 2013 p.42091
- SAMHSA will authorize the use of an electronic Federal CCF
- Public Burden Statement to be a separate page of an electronic Federal CCF
- Federal CCF instructions and the Privacy Act Statement to be on a separate page or pages of an electronic Federal CCF
- Bottle labels/seals to be printed separately, and not as a part of Copy 1 of the Federal CCF
- Federal CCF Instructions to allow the use of an electronic form