

# **eCCF Updates 2014**

Presented by  
**Charles LoDico, M.S., DABFT**

June 10, 2014  
Drug Testing Advisory Board

# 2013 Federal CCF

## FEDERAL DRUG TESTING CUSTODY AND CONTROL FORM



SPECIMEN ID NO. **0000001**

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.

X Signature of Collector _____ (PRINT) Collector's Name (First, MI, Last)		Date (Mo/Day/Yr) _____	Time of Collection _____ AM _____ PM	Name of Delivery Service _____	SPECIMEN BOTTLE(S) RELEASED TO: _____
RECEIVED AT IITF: X Signature of Accessioner _____ (PRINT) Accessioner's Name (First, MI, Last)	IITF Name and Address (if not above): _____ _____ _____	Primary Specimen Bottle Seal Intact <input type="checkbox"/> YES <input type="checkbox"/> NO If NO, Enter remark in Step 5A.	SPECIMEN BOTTLE(S) RELEASED TO: _____		
TRANSFER FROM IITF TO LAB: X Signature _____ (PRINT) Name (First, MI, Last)		Date (Mo/Day/Yr) _____	Name of Delivery Service _____	SPECIMEN BOTTLE(S) RELEASED TO: _____	
RECEIVED AT LAB: X Signature of Accessioner _____ (PRINT) Accessioner's Name (First, MI, Last)	(PRINT) Name (First, MI, Last) _____	Date (Mo/Day/Yr) _____	Name of Delivery Service _____	SPECIMEN BOTTLE(S) RELEASED TO: _____	

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

NEGATIVE  DILUTE  POSITIVE for:  Marijuana Metabolite (Δ9-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 5B: COMPLETED BY SPLIT TESTING LABORATORY**

SPLIT SPECIMEN TESTED; SEE LABORATORY REPORT

Split Testing Laboratory (Name, City, State)

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

COPY 1 - TEST FACILITY COPY

Version: C 24/May/2010

OMB No. 0603-0188

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

# OMB Notice of Approval

- NOTICE OF OFFICE OF MANAGEMENT AND BUDGET ACTION Date 05/28/2014
- LIST OF INFORMATION COLLECTIONS:
- Department of Health and Human Services/Substance Abuse and Mental Health Services
- In accordance with the Paperwork Reduction Act, OMB has taken action on your request received 07/24/2013
- ACTION REQUESTED: Revision of a currently approved collection
- TYPE OF REVIEW REQUESTED: Regular
- TITLE: Mandatory Guidelines for Federal Workplace Drug Testing Programs
- OMB ACTION: Approved with change
- OMB CONTROL NUMBER: 0930-0158
- EXPIRATION DATE: 05/31/2017

# OMB Notice of Approval cont'd

- TERMS OF CLEARANCE:
  - HHS/SAMHSA shall update this docket with a final, signed version of the PIA, and it shall post the PIA for the general public. HHS/SAMHSA shall finalize and post all guidance documents.
- ICR REFERENCE NUMBER: 201307-0930-003
- AGENCY ICR TRACKING NUMBER: 20007
- Website:
  - [http://www.reginfo.gov/public/do/PRAViewDocument?ref\\_nbr=201307-0930-003](http://www.reginfo.gov/public/do/PRAViewDocument?ref_nbr=201307-0930-003)

# 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 2014 Federal CCF (DWP website)

# 2013 60 Day 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 30 Day 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
- Federal CCF Instructions to allow the use of an electronic form

# Privacy Impact Assessment

- Privacy Impact Assessment
  - A system is subject to the Privacy Act if it contains system of records; any item, collection, or grouping of information about an individual that identifies an individual, and where those records are retrieved by the name of the individual or by some type of unique identifier. In accordance with the Privacy Act of 1974.
  - PIA Final Form is completed and approved by HHS