



REPORT OF VALID POSITIVE RESULT ON DRUG TEST UNDER TRC 644.252



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	<p>By signing below, I the Medical Review Officer (MRO) certify the following:</p> <ol style="list-style-type: none"> 1. I am the MRO for the drug testing program or consortium of the motor carrier listed above. 2. I am a licensed physician with knowledge of substance abuse disorders. 3. This individual is subject to a report of a valid positive result of a drug test under TRC §644.252 because: <ul style="list-style-type: none"> <input type="checkbox"/> The individual tested positive for the following substance(s): <table style="width: 100%; border: none;"> <tr> <td><input type="checkbox"/> Marijuana metabolites</td> <td><input type="checkbox"/> Amphetamines</td> </tr> <tr> <td><input type="checkbox"/> Cocaine metabolites</td> <td><input type="checkbox"/> Phencyclidine (PCP)</td> </tr> <tr> <td colspan="2"><input type="checkbox"/> 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. ; OR</td> </tr> </table> <input type="checkbox"/> The individual refused to submit to testing by: <table style="width: 100%; border: none;"> <tr> <td><input type="checkbox"/> Submitting an adulterated, diluted, or substituted specimen.</td> <td><input type="checkbox"/> Refusing to submit a specimen</td> </tr> <tr> <td><input type="checkbox"/> Refusing to cooperate with the specimen collection process or submit to follow-up testing or evaluation</td> <td></td> </tr> </table> 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: <ul style="list-style-type: none"> <input type="checkbox"/> I talked directly with the individual tested before verifying the test as positive; or <input type="checkbox"/> 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 <input type="checkbox"/> 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 <input type="checkbox"/> The individual tested expressly declined an opportunity to discuss the test result. <p>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.</p>					<input type="checkbox"/> Marijuana metabolites	<input type="checkbox"/> Amphetamines	<input type="checkbox"/> Cocaine metabolites	<input type="checkbox"/> Phencyclidine (PCP)	<input type="checkbox"/> 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. ; OR		<input type="checkbox"/> Submitting an adulterated, diluted, or substituted specimen.	<input type="checkbox"/> Refusing to submit a specimen	<input type="checkbox"/> Refusing to cooperate with the specimen collection process or submit to follow-up testing or evaluation	
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PRINTED NAME		SIGNATURE X													

ADDRESS	CITY	STATE	ZIP CODE
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C. CERTIFICATE OF MOTOR CARRIER	<p>By signing below, I the authorized representative of the Motor Carrier listed above, certify the following:</p> <ol style="list-style-type: none"> 1. The Motor Carrier listed above: <ul style="list-style-type: none"> <input type="checkbox"/> 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 <input type="checkbox"/> 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: _____ 2. The individual tested is subject to drug testing by the Motor Carrier, and was tested for the following reason: <table style="width: 100%; border: none;"> <tr> <td><input type="checkbox"/> Random</td> <td><input type="checkbox"/> Reasonable Suspicion</td> <td><input type="checkbox"/> Post-Accident</td> <td><input type="checkbox"/> Return to Duty</td> <td><input type="checkbox"/> Follow-up</td> <td><input type="checkbox"/> Pre-employment</td> </tr> <tr> <td colspan="6"><input type="checkbox"/> Other: _____; AND</td> </tr> <tr> <td colspan="6"><input type="checkbox"/> 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</td> </tr> <tr> <td colspan="6"><input type="checkbox"/> Refused to submit to a controlled substance test (NOTE: MRO certification is not required)</td> </tr> </table> <p>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.</p>				<input type="checkbox"/> Random	<input type="checkbox"/> Reasonable Suspicion	<input type="checkbox"/> Post-Accident	<input type="checkbox"/> Return to Duty	<input type="checkbox"/> Follow-up	<input type="checkbox"/> Pre-employment	<input type="checkbox"/> Other: _____; AND						<input type="checkbox"/> 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						<input type="checkbox"/> Refused to submit to a controlled substance test (NOTE: MRO certification is not required)					
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PRINTED NAME OF DESIGNATED MOTOR CARRIER REPRESENTATIVE			TELEPHONE NUMBER																									

ADDRESS			
SIGNATURE OF DESIGNATED MOTOR CARRIER REPRESENTATIVE X	CITY	STATE	ZIP CODE

Deliver or Mail this form and any attachments to the MCCA Supervisor, Motor Carrier Bureau, Texas Department of Public Safety, 6200 Guadalupe, MSC# 0522, Austin, Texas 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 either 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 MCCA Section Supervisor, Motor Carrier Bureau, Texas Department of Public Safety, 6200 Guadalupe, MSC# 0522, 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 49 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: MCCA Section Supervisor, Motor Carrier Bureau, Texas Department of Public Safety, 6200 Guadalupe, MSC# 0522, 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 your report to the department within **ten** days of receiving the completed test results.