

## Appendix B to Part 40 - DOT Drug Testing Semi-Annual Laboratory Report

The following items are required on each report:

Reporting Period: (inclusive dates) Laboratory Identification: (name and address) Employer Identification: (name; may include billing code or ID code) C/C/TPA Identification: (where applicable; name and address)

1. Number of specimen results reported: (total number)

By test type:

- (a) Pre-employment testing: (number)
- (b) Post-accident testing: (number)
- (c) Random testing: (number)
- (d) Reasonable suspicion/cause testing: (number)
- (e) Return-to-duty testing: (number)
- (f) Follow-up testing: (number)
- (g) Type not noted on CCF: (number)

2. Number of specimens reported as

- (a) Negative: (total number)
- (b) Negative-dilute: (number)

3. Number of specimens reported as Rejected for Testing: (total number) By reason:

- (a) Fatal flaw: (number)
- (b) Uncorrected flaw: (number)

4. Number of specimens reported as Positive: (total number)

By drug:

- (a) Marijuana Metabolite: (number)
- (b) Cocaine Metabolite: (number)
- (c) Opiates:
  - (1) Codeine: (number)
  - (2) Morphine: (number)
  - (3) 6-AM: (number)
- (d) Phencyclidine: (number)
- (e) Amphetamines: (number)
  - (1) Amphetamine: (number)
  - (2) Methamphetamine: (number):

5. Adulterated: (number)

6. Substituted: (number)

7. Invalid results: (number)