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MRO VERIFICATION WORKSHEET

These procedures are to be followed as the initial investigation for all drug screen results confirmed by the Lab as Positive, Invalid, Cancelled or Dilute. It is not until these procedures are completed that the result is 'verified' as positive by the MRO and reported subsequently to the employer.

DATE Positive Result Received: _____

SECTION A: Check completed items, and fill in information where requested.

- Review lab results for the following:
- | | | | |
|--|---|---|---|
| <input type="checkbox"/> Seals intact? | <input type="checkbox"/> Y <input type="checkbox"/> N | <input type="checkbox"/> Copies of Request Form for any noted remarks | <input type="checkbox"/> Y <input type="checkbox"/> N |
| | | <input type="checkbox"/> Chain of custody intact? | <input type="checkbox"/> Y <input type="checkbox"/> N |

- Attempt phone contact with donor. Offer employee face-to-face interview.

Date:	Outcome (No Answer or left message with ?):
Date:	Outcome (No Answer or left message with ?):
Date:	Outcome (No Answer or left message with ?):

PHONE NUMBERS:

Day TEL:	()
Eve TEL:	()

- If employee not reachable by MRO or employer or does not return messages after 3 attempts in a 72 hr period, MRO to verify contact without employee contact within 10 days of receipt of result.
- Initial contact with employee made by: Phone Face-to-Face DATE: _____

Verify the following employee information:

LAST Name:	FIRST Name:	MIDDLE Initial	
SSN:	DOB:	Specimen ID#:	Collection DATE:

Once Reached:

- Date reached to initiate investigation _____ Time _____ (MILITARY TIME)
- Identify yourself as the "clinician calling on behalf of the MRO for (employer name), with the duty of receiving drug test results."
- Establish identity of the employee: verify full name, social security number, date of birth, etc.
- Arrange a meeting with MRO to further discuss verification prior to MRO signature. If employee agrees, schedule an appointment for employee to personally meet MRO. (*Appointment can be arranged by phone contact with MRO or MRO's secretary*). Advise employee to obtain any information regarding current medications.
- Employee has been given opportunity to speak further with MRO. Employee response:
- Refused to discuss test result - declined interview with MRO.
- Agreed to meet with MRO; appointment scheduled for _____ (DATE) at _____ (MILITARY TIME)
- Agreed to speak by phone with MRO; phone call scheduled for _____ (DATE) at _____ (MILITARY TIME)

INTERVIEWER Signature: _____	DATE: _____
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SECTION B: To Be Completed by MRO ONLY

- Review lab results for the following:
- | | | | |
|---|---|---|---|
| <input type="checkbox"/> Name of donor present | <input type="checkbox"/> Y <input type="checkbox"/> N | <input type="checkbox"/> Copies of Request Form for any noted remarks | <input type="checkbox"/> Y <input type="checkbox"/> N |
| <input type="checkbox"/> Phone numbers of donor | <input type="checkbox"/> Y <input type="checkbox"/> N | <input type="checkbox"/> Chain of custody intact? | <input type="checkbox"/> Y <input type="checkbox"/> N |
| <input type="checkbox"/> Seals intact? | <input type="checkbox"/> Y <input type="checkbox"/> N | | |

- Interview with employee made by: Phone Face-to-Face DATE: _____
- Inform employee that medical information discussed during the interview is confidential, but may be disclosed under very special circumstances. Identify those circumstances as prescribed in 40.33(h).
- Inform employee that you are calling about the specific drug test he/she underwent on the specific date and the specific location. Inform the employee what drug(s) the specimen tested positive for.

- Briefly explain the testing process, discussing screening and confirmation testing, and laboratory reporting.
- Ask for recent medical history, when appropriate:
 - Prescription drugs _____
 - Over-the-counter drugs _____
 - Dental, ENT, ophthalmologic, other medical procedures _____
 - Food ingestion _____
- Request employee to provide medical records or documentation of prescription for controlled substances when appropriate. Set a specific deadline for receipt of medical records. *(Allow 3-4 days only)*
- Employee has been given the opportunity to provide valid medical records that contain documentation for prescription of controlled substances. Employee response:
 - Medical records are forthcoming. Records will be made available by _____
 - Medical records are NOT forthcoming; no applicable medical history.
- Notify employee that he/she may request a retest, and explain the process to him/her. Provide information about payment for retest in accordance to employer's policy, if appropriate. *(Employees responsible for retest fees; retest fees vary by lab)*.
Inform employee that retest will not delay verification of initial test result. Similarly, if there was a split specimen collected, notify employee of the procedures for an analysis of the split specimen.
- Employee has been given the opportunity to have specimen retested or have split specimen analyzed. Employee response:
 - Employee agreed to retest; specimen to be sent to _____
Date ordered _____
Date to receive results _____
 - Employee declined to have specimen retested or for split specimen analysis.

If specimen is being retested:
 Results and Date received _____

Comments / Attempts to contact employee - interview details _____

- If indicated or appropriate, request that employee undergo a medical examination / evaluation and make arrangements for same.
- Medical Examination / Evaluation conducted at _____ (DATE) at _____ at (MILITARY TIME)
 - Examining Physician _____
 - Address & Telephone _____
- Offer to answer any other questions. Given name and phone number in case employee has additional questions.
- If the verification process is complete, inform the employee that the appropriate employer official will be notified.
- If the test result is verified as positive, inform the employee of the Employee Assistance Program made available by employer (if applicable), Seton House, or primary care provider for substance abuse treatment.

If verified positive:

- EMPLOYEE notified of verified result at _____ (DATE) _____ at (MILITARY TIME)
- EMPLOYEE notified of verified result at _____ (DATE) _____ at (MILITARY TIME)
 - Employer CONTACT _____
- DOT AGENCY notified of verified result (if applicable) at _____ (DATE) _____ at (MILITARY TIME)
 - DOT AGENCY notified and name of CONTACT _____

VERIFICATION DECISION

- NEGATIVE
 POSITIVE
 NOT TESTED
 REFUSAL TO TEST
 CANCELLED TEST

DRUG: _____

REASON FOR CANCELLATION: _____

MRO Signature / Title: _____	DATE: _____
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