

MODEL STANDING ORDER FOR DRUG TESTING FOR DOT-REGULATED EMPLOYERS

Designed Courtesy of the **NATIONAL DRUG AND ALCOHOL SCREENING ASSOCIATION**
Modified and Distributed Courtesy of **Corporate Health Testing & Safety Services**

The following tables on this page and the next indicate the Standing Order for the company: _____, detailing the employer's protocols and instructions to collector(s) for administering DOT-regulated drug testing to our employees.

DRUG TEST REASON	TESTING METHODOLOGY TO BE USED
Pre-employment	<input type="checkbox"/> Urine <input type="checkbox"/> Oral Fluid
Random	<input type="checkbox"/> Urine <input type="checkbox"/> Oral Fluid
Reasonable Cause/Suspicion	<input type="checkbox"/> Urine <input type="checkbox"/> Oral Fluid
Post-accident * <small>* FRA does not allow post-accident testing under 49 CFR Part 40</small>	<input type="checkbox"/> Urine <input type="checkbox"/> Oral Fluid
Return-to-Duty	<input type="checkbox"/> Urine <input type="checkbox"/> Oral Fluid
Follow-up	<input type="checkbox"/> Urine <input type="checkbox"/> Oral Fluid

TYPE OF PROBLEM COLLECTION	TESTING METHODOLOGY TO BE USED
Shy Bladder arising during an initial urine collection	<input type="checkbox"/> Urine <input type="checkbox"/> Oral Fluid
The clinic is ready to close, and the donor has a shy bladder. (After-hour rates may apply.)	<input type="checkbox"/> Urine <input type="checkbox"/> Oral Fluid
Dry Mouth arising during an initial oral fluid collection	<input type="checkbox"/> Urine <input type="checkbox"/> Oral Fluid
Directly Observed Collection required under 49 CFR section 40.67 because the DER directs the collector to conduct one page.	<input type="checkbox"/> Urine <input type="checkbox"/> Oral Fluid

This Standing Order for instructions on problem collections is continued on the next page.

TYPE OF PROBLEM COLLECTION (continued)	TESTING METHODOLOGY TO BE USED
Directly Observed Collection required under 49 CFR section 40.67 because the collector observed materials brought to the collection site or the employee's conduct clearly indicated an attempt to tamper with a specimen (see 40.61(f)(5)(i) and 40.63(e)).	<input type="checkbox"/> Urine <input type="checkbox"/> Oral Fluid
Directly Observed Collection required under 49 CFR section 40.67 because the collector determined the temperature on the original specimen was out of range (see 40.65(b)(5))	<input type="checkbox"/> Urine <input type="checkbox"/> Oral Fluid
Directly Observed Collection required under 49 CFR section 40.67 because the collector determined the original specimen appeared to have been tampered with (see § 40.65(c)(1))	<input type="checkbox"/> Urine <input type="checkbox"/> Oral Fluid
Directly Observed Collection arising under 49 CFR section 40.67 for ANY reason and the donor identifies as a transgender or nonbinary individual	Oral fluid – required by DOT

If this standing order cannot be followed for any reason, the collector must contact the Designated Employer Representative: _____ before the collection begins. The collector's error will not invalidate or otherwise cancel the test but failing to follow this standing order may result in our company refusing to pay the collector and/or collection company for the collection of this test.

As the authorizing official for _____, I am issuing this standing order.

Insert name of Authorizing Official

Signature of Authorizing Official

Date

Insert Authorizing Official's Phone

Insert Authorizing Official's Email

NOTE: Corporate Health Testing & Safety Services reserves the right to revise this Standing Order for DOT-regulated drug testing in the future. If the collector has two differently dated copies of our standing order, the copy with the date later in time is the one that must be followed.