

## STANDING ORDER FOR DRUG TESTING FOR DOT - REGULATED EMPLOYERS

The following tables on this page and the next indicate the Standing Order for the company: \_\_\_\_\_,

detailing the employer's protocols and instructions to the 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	<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	
Insufficient Volume arising during an initial urine collection.	<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 <a href="#">49 CFR section 40.67</a> because DER directs the collector to conduct one.	<input type="checkbox"/> URINE	<input type="checkbox"/> ORAL FLUID
Directly Observed Collection required under <a href="#">49 CFR section 40.67</a> 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 <a href="#">40.61(f)(5)(i)</a> and <a href="#">40.63(e)</a> )	<input type="checkbox"/> URINE	<input type="checkbox"/> ORAL FLUID

Directly Observed Collection required under <a href="#">40 CFR section 40.67</a> because the collector determined the temperature on the original specimen was out of range ( <a href="#">see 40.65(b)(5)</a> )	<input type="checkbox"/> URINE	<input type="checkbox"/> ORAL FLUID
Directly Observed Collection required under <a href="#">49 CFR section 40.67</a> because the collector determined the original specimen appeared to have been tampered with ( <a href="#">see 40.65(c)(1)</a> )	<input type="checkbox"/> URINE	<input type="checkbox"/> ORAL FLUID
Directly Observed Collection arising under <a href="#">49 CFR section 40.67</a> for ANY reason and the donor identifies as a transgender or nonbinary individual	<input type="checkbox"/>	<b>ORAL FLUID - required by DOT</b>

If this standing order cannot be followed for any reason, the collector must contact the Designated Employer Representative: \_\_\_\_\_ before the collection begins.

As the Authorizing official for \_\_\_\_\_ (company name) I am issuing this standing order.

_____ Authorizing Official	_____ Signature of Authorizing Official
_____ Date	_____ Email Address
_____ Phone Number	

NOTE: \_\_\_\_\_ (company) 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 most recent date is the one to be followed.