


**FAILURE TO COMPLY WITH THE EXPIRATION DATE REQUIREMENT WILL RESULT IN DISQUALIFICATION OF EMPLOYMENT ELIGIBILITY OR FURTHER EMPLOYMENT CONSIDERATION.**

**This requires a State of Florida Chain of Custody Form.**

 <p><b>OFFICE OF HUMAN RESOURCES PERSONNEL OPERATIONS AND NETWORK SERVICES</b></p> <p><b>GENERAL DRUG TEST AUTHORIZATION</b></p>	AUTHORIZATION NO. <hr style="border: 0; border-top: 1px solid black;"/>
	EXPIRATION DATE <hr style="border: 0; border-top: 1px solid black;"/> MO. / DAY / YEAR

NAME OF APPLICANT/EMPLOYEE \_\_\_\_\_ DATE      /      /       
MO. / DAY / YEAR

SOCIAL SECURITY NUMBER \_\_\_\_\_ EMPLOYEE NUMBER \_\_\_\_\_

WORK LOCATION NUMBER \_\_\_\_\_ WORK LOCATION NAME \_\_\_\_\_

AUTHORIZING ADMINISTRATOR'S NAME \_\_\_\_\_ (Signature) \_\_\_\_\_

<b>APPLICANT/EMPLOYEE INSTRUCTIONS</b>	
<p>1. You must appear at one of the location sites listed below <b>prior to the expiration of this authorization form</b>. At that time, you must present current valid photo identification (i.e., driver's license, passport, M-DCPS identification badge, etc.). <b>FAILURE TO COMPLY WITH THE EXPIRATION DATE REQUIREMENT WILL RESULT IN DISQUALIFICATION OF EMPLOYMENT ELIGIBILITY OR FURTHER EMPLOYMENT CONSIDERATION.</b></p> <p>2. Applicants may NOT report to work until the work location administrator receives notification of a negative test result. <b>"NOTIFICATION" IS PROVIDED THROUGH THE ADMINISTRATOR'S ELECTRONIC SUMMARY SCREEN.</b></p> <p>3. Applicants/employees who do not comply with the two work day time limit will be notified by the Executive Director of Personnel Operations and Network Services and be ineligible for employment for three years. Applicants/employees who test positive will be notified by the Medical Review Officer and be ineligible for employment for three years. Employees who test positive for alcohol or drugs shall be subject to disciplinary action, up to and including dismissal.</p> <p align="center"><i>School Board Rule 6Gx13-4-1.05 (Drug Free Workplace General Policy Statement)</i></p> <p>4. <b>THIS GENERAL DRUG AUTHORIZATION FORM IS VALID FOR ONLY TWO WORK DAYS (48 hours) - NO EXTENSIONS/EXCEPTIONS.</b></p> <p>5. Specimens collected will not be used to conduct any other analysis or test unless otherwise authorized by law.</p>	

**MIAMI-DADE COUNTY PUBLIC SCHOOLS DRUG TEST LOCATIONS**

<b>Phlebotomy Lab Services</b> 1301 W 68th St., Suite E-2 Hialeah, FL 33014 Hours: M-F 8:00am-4:30pm (305) 825-1400 <b>Drug and Blood Alcohol</b>	<b>Prof Paramedic Svc. Inc.</b> 8181 NW 36th St., #1 Miami, FL 33166 Hours: M-F 8:00am-5:00pm (305) 593-1900 Sat 9:00am-12:00pm <b>Drug and Alcohol (Breathalyzer)</b>	<b>Quest Diagnostics</b> 333 41st St., Suite 502 Miami Beach, FL 33140 Hours: M-F 8:00am-4:30pm (305) 672-2366 <b>Drug and Blood Alcohol</b>	<b>Worker's Comp. Med. Ctr.</b> 17601 NW 2nd Ave., Suite S Miami, FL 33169 Hours: M-F 8:00am-Midnight Sat. 8:00am-4:00pm (305) 770-4500 <b>Drug and Blood Alcohol</b>	<b>Worker's Comp. Med. Ctr.</b> 6504 NW 77th Court Miami, FL 33166 Hours: M-F 7:00am-Midnight Sat & Sun 8:00am-4:00pm (305) 593-2174 <b>Drug and Blood Alcohol</b>
<b>Quest Diagnostics</b> 6840 SW 40th St. Suite 202b Miami, FL 33155 Hours: M-F 8:00am-4:30pm (305) 662-8780 <b>Drug Only</b>	<b>Quest Diagnostics</b> 9200 S. Dadeland Blvd. Suite 100 Miami, FL 33156 Hours: M-F 7:00am-4:30pm (305) 670-0632 <b>Drug and Blood Alcohol</b>	<b>Quest Diagnostics</b> 3700 Washington St., Suite 102 Hollywood, FL 33021 Hours: M-F 7:30am-4:30pm (954) 966-6166 <b>Drug and Blood Alcohol</b>	<b>Beat of Life Health Systems/Quest</b> 9600 SW 8th St., Suite 35 Miami, FL 33174 Hours: M-F 9:00am-5:00pm (305) 223-2420 <b>Drug and Blood Alcohol</b>	<b>OM Management/Quest</b> 4483 NW 36th St., Suite 120 Miami, FL 33166 Hours: M-F 9:00am-5:00pm (305) 888-4050 <b>Drug and Blood Alcohol</b>

<b>South Rehab Medical Center</b> 2010 NE 8th Street Homestead, FL 33033 Hours: M-F 8:30am-5:00pm (305) 245-4552 <b>Drug Only</b>
--

**BREATH ALCOHOL (REASONABLE SUSPICION ONLY)**

I have read and understand all the conditions stated above

\_\_\_\_\_  
*Signature of Applicant/Employee* *Date*

## DONOR'S CHECKLIST

Please take a few minutes to read the following information which describes your role in the collection process:

- ◆ Present required photo ID to the collector.
- ◆ You may ask the collector to show his/her identification.
- ◆ Remove any unnecessary outer garments, e.g., coat, jacket, hat. All personal belongings (e.g., purse, briefcase) must remain with outer garments. You may retain your wallet. You may ask for a receipt.
- ◆ When instructed by the collector, wash and dry your hands.
- ◆ You will be provided with a sealed collection container, or the collector may unwrap it in your presence.
- ◆ You may provide the specimen in the privacy of a stall or otherwise partitioned area that allows for individual privacy.
- ◆ YOU SHOULD OBSERVE THE ENTIRE COLLECTION PROCEDURE. The collector will check the specimen for the volume, temperature and color. The collector will split the specimen and seal both bottles, as appropriate.
- ◆ Initial the seal on the specimen bottles to certify that it is your specimen.
- ◆ You should complete the information on copies 4-7 of the Custody and Control Form. You will be given a copy of the completed form after the collector has completed his/her certification.
- ◆ You should NOT list medications/prescriptions on any copy of the form other than the one you are given for your own records.
- ◆ Laboratory results will be forwarded to the Medical Review Officer (MRO). If the laboratory results are negative, the MRO will notify your employer. If the laboratory results are positive, the MRO will contact you at the phone number you provided to give you the opportunity to discuss the test results and to submit information demonstrating authorized use of the drug(s) in question.

I have read and understand the above described.

\_\_\_\_\_  
SIGNATURE OF APPLICANT/EMPLOYEE

\_\_\_\_\_  
DATE