



Referral for Random Breath Alcohol And Drug Testing

TO BE COMPLETED BY SUPERVISOR OR CONTACT PERSON:

EMPLOYEE SELECTED FOR RANDOM DRUG TEST: _____

DEPARTMENT NAME: _____

DATE AND TIME DEPARTMENT CONTACTED BY DRUG TESTING PROGRAM: _____

DATE AND TIME EMPLOYEE CONTACTED BY DEPARTMENT: _____

EMPLOYEE INSTRUCTED TO REPORT TO THE CAMPUS HEALTH DRUG TESTING PROGRAM, 8th FLOOR, CLINICAL EDUCATION BUILDING, 1542 TULANE AVE. OFFICE 866. THE DRUG TESTING OFFICE WILL INFORM THE EMPLOYEE WHERE TO GO FOR THE TEST. THE EMPLOYEE MUST REPORT TO THE CAMPUS HEALTH DRUG TESTING OFFICE WITHIN TWO HOURS OF NOTIFICATION

REASON WHY EMPLOYEE NOT CONTACTED: _____

DEPARTMENT PEOPLESFT NUMBER FOR DRUG TEST BILLING: _____

SIGNATURE OF SUPERVISOR OR DEPT. CONTACT

DATE

TO BE COMPLETED BY THE DRUG TESTING REPRESENTATIVE:

DRUG TESTING PROGRAM REPRESENTATIVE: _____

TIME EMPLOYEE REPORTED FOR TESTING: _____

TIME SCREENING COMPLETED: _____

EMPLOYEE SIGNATURE

DATE

DRUG TESTING REPRESENTATIVE

DATE

EMPLOYEE(S) REPORTING FOR RANDOM DRUG TESTING, MUST PRESENT A COPY OF THIS FORM TO THE CAMPUS HEALTH DRUG TESTING REPRESENTATIVE.



INSTRUCTIONS FOR COMPLETION OF FORM

REFERRAL FOR RANDOM DRUG TESTING

In accordance with CM-38 – Substance Abuse Policy any individual whose principal responsibility is to operate public vehicles, maintain public vehicles, or supervise any public employee who drives or maintains public vehicles will be subject to a program of random alcohol and drug testing. Also, individuals who hold safety or security sensitive jobs may be subject to random alcohol and drug testing. LSUHSC – NO will test 10% of its safety sensitive employees on a monthly basis or an average of one safety sensitive employee each month. When the designated employer representative (DER) is notified by LSUHSC – Campus Health Drug Testing Program, that one of its employees has been selected for random drug testing, that employee must be notified.

The Referral for Random Breath Alcohol and Drug Testing form must be completed by the DER or designee. The DER, or designee, will notify the employee selected for random drug testing and instruct that employee to report to the Campus Health Drug Testing Office. The following are instructions for completing the form:

- 1) Employee Selected for Random Breath Alcohol and Drug Test: Document the name of the employee randomly selected for testing. A staff member of Campus Health Drug Testing Program will telephone the DER on file.
- 2) Department Name: Document the Department of employee to be tested.
- 3) Date and Time Department Contacted by Campus Health: Document date and time the DER was notified by Campus Health.
- 4) Date and Time Employee Contacted by Department: Document the date and time the employee was notified and instructed to report to the drug testing program for random drug testing.
- 5) Reason Why Employee Not Contacted: Document the reason the employee was not contacted. For example, the employee is absent from work or on a work assignment off-campus.
- 6) Department Peoplesoft Number for Drug Test Billing: Put the departmental account number to which drug test is to be billed.
- 7) Signature of Supervisor or Dept. Contact: Signature of DER, or designee, contacted by the drug testing program and who instructed employee to report to the drug testing program for random drug testing.

Additional instructions and information:

- 1) After completion of the *Referral for Random Drug Testing* form, the employee reports to the Drug Testing Office with a copy of the form. If the employee is in a location different from the DER, the DER may complete the form and fax it to the Drug Testing Office. Fax No.: (504) 568-3892
- 2) Once the employee has been notified of his/her selection for a random urine and alcohol test; he/she will have two hours to report to the Drug Testing Office.
- 3) Upon arrival at the Drug Testing Office, a representative from Drug Testing will enter the employees name into the RN Expertise online system, provide the employee with the chain of custody form and inform the employee where to report for the urine drug test. The breath alcohol test will be performed at the LSUHSC Drug Testing Office by a trained Breath Alcohol Technician (BAT).
- 4) Upon completion of the drug test, the employee must return to the Drug Testing Office with copy 4 – Employer Copy – Blue of the chain of custody form. The Drug Testing Office will document the time and will return the form to the DER, or designee.

Random Testing for remote employees in Baton Rouge, Lafayette, or other area selected for random testing:

- 1) After completion of the *Referral for Random Breath Alcohol and Drug Testing* form, the DER will fax the form to the Drug Testing Office Fax No.: (504) 568-3892. A representative from the Drug Testing Office will enter the selected employee into the RN Expertise online system and fax the drug testing notification form back to the supervisor.

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- 2) The representative from the Drug Testing Office will then inform the DER of where the selected employee must report for the breath alcohol and urine drug test. The employee will have two hours once notified to complete the random drug and alcohol screen.
- 3) The selected employee must take the Referral for Random Breath Alcohol and Drug Testing form with him/her to the collection site along with the Drug Testing Notification Form and Chain of Custody Form. There the employee will submit to a breath alcohol test and urine drug screen. The representative from the collection site will fill in the information regarding the time employee reported for testing and the time screening was complete.
- 4) The employee will then provide his/her DER with the *Referral for Random Breath Alcohol and Drug Testing* form along with Copy 4- employer copy- Blue of the Chain of Custody Form.
- 5) The DER will fax the *Referral for Random Breath Alcohol and Drug Testing* form to the drug testing office for the drug testing office representative's signature and will mail Copy 4 – Employer Copy – Blue of the Chain of Custody to the LSUHSC Drug Testing Office.