

Application for Approval to Perform
Workplace Urine Drug Testing

Name of Laboratory _____
Address of Laboratory _____
Telephone _____
Director _____
Name of Contact Person _____
(if different from Director)
E-mail Address of Contact _____
Telephone _____

Please enclose:

- Completed and signed checklist
- Credentials of Scientific Director, Certifying Officer, and Toxicology Supervisor, if a change has occurred in the last 12 months
- Results from the last two C.A.P (or equivalent) drug proficiencies. If there were any failures, please enclose laboratory's internal response or corrective action.
- Documentation of accreditation from Health and Human Services, the College of American Pathologists, or New York State (or equivalent)
- Initial certification fee of \$500.00, or renewal fee of \$300.00 (Non-refundable check made payable to the Vermont Department of Health)

Send to:

Mailing address:
Workplace Drug Testing
Certification Administrator
Vermont Department of Health
State Laboratory
P.O. Box 1125
Burlington, VT 05402-1125

Physical/shipping address:
Workplace Drug Testing
Certification Administrator
Vermont Department of Health
State Laboratory
359 South Park Drive
Colchester, VT 05446
(802)338-4729 FAX (802)338-4756



Checklist

By completing the line items and signing below, I affirm the following:

- The laboratory is certified for urine drug testing by the Department of Health and Human Services (Substance Abuse and Mental Health Services Administration [SAMHSA]), the College of American Pathologists (CAP), or New York State?

Specify Certification: _____

- The responsible person has qualifications consistent with SAMHSA guidelines.
- The Toxicology Supervisor has a B.S. degree in chemistry or toxicology and two (2) years of analytical drug screening experience.
- A quality assurance program is in place.
- Control urines are run with each sample batch.
- The laboratory participates in an acceptable proficiency program (e.g., SAMHSA, CAP, or New York State proficiency program, or equivalent).

Specify Proficiency program: _____

- The laboratory has scored greater than 90% on the last two proficiencies.
 - For any Proficiency testing failures, an internal laboratory response/evidence of corrective action is enclosed.
- Results will be provided to a medical review officer as applicable to the individual case.
- If requested, the laboratory agrees to supply the Vermont Department of Health with any relevant documents required in the approval guidelines.
- If requested, qualified personnel will be made available to give testimony in civil actions regarding applicable test results.
- The laboratory's initial screening procedure uses one of the following methods (please check applicable technology):
 - LC or GC technology _____
 - EIA _____
 - ELISA _____
 - EMIT _____
 - FPIA _____
 - Other _____ Please specify: _____
- For confirmatory testing, the laboratory utilizes quantitative Liquid Chromatography-Mass Spectrometry or a scientifically equivalent technique, such as Gas Chromatography/Mass Spectrometry.
- Samples positive by confirmation testing are stored at below -18 degrees C for at least ninety (90) days.
- The laboratory maintains a written chain of custody for drug samples.





- The laboratory limits access to applicable analytic and reporting areas.
- The laboratory maintains a secure computer records program with limited personnel access.
- All reports are stored in a confidential manner consistent with the Vermont Department of Health approval guidelines.
- Reported drugs align with the Vermont Department of Health list or are deemed applicable by the individual medical review officer.
- Workplace drug testing applicable to Vermont will not be subcontracted to another laboratory.
- The application fee is non-refundable and, if a site visit is required, the laboratory is responsible for any related travel expenses.

I hereby certify that this application checklist and any enclosed records contain no false information and are complete to the best of my knowledge. I am aware that if an investigation discloses misrepresentation or falsification, my laboratory will be ineligible to perform employee urine drug testing in the State of Vermont.

Date

Signature, Scientific Director

Date

Signature/Notary Public

