

#### **COUNTY OF LOS ANGELES**

Department of Human Resources
Occupational Health Programs

Phone: 213-433-7201 | Email: ohp@hr.lacounty.gov

# COUNTY OF LOS ANGELES - DRUG TEST NOTIFICATION

# APPLICANT/EMPLOYEE INFORMATION

Full Name (last,	first, middle)	
Date of Birth		
Job Title		
Department		
Name of Occupational Health Clinic		

### **DRUG SCREENING PROTOCOL**

The position you have been offered or the position you are currently employed in requires a urine drug test. The drug testing panel includes amphetamines/methamphetamines, benzodiazepines, barbiturates, cocaine, methadone, opiates, and phencyclidine. The drug panel is analyzed using a standard immunoassay screening test and a positive result from the immunoassay test is confirmed by gas chromatography/mass spectrometry (GC/MS) quantitative techniques. If your drug screening is found positive, you may test a split sample from your original specimen by a County-contracted, qualified laboratory.

#### **ACKNOWLEDGEMENT**

I understand that refusal to comply with or complete the drug test procedure today will be considered equivalent to a positive drug screening test. A refusal includes any attempt to defeat, tamper, or interfere with the collection procedure such as, but not limited to, providing a cold or abnormally hot specimen, adding anything to my urine specimen, or using someone else's urine. Additionally, until such time as I have completed the drug test procedures, I may not leave this medical facility even on a temporary basis, or leave the drug collection area if specifically instructed not to do so; either action on my part will also be considered equivalent to a refusal.

Signature	Date	
-----------	------	--