



## MEDICAL REVIEW OFFICER WORKSHEET

<b>Employee Name:</b>		<b>Daytime Phone Number:</b>
<b>Social Security Number:</b>		<b>Other Phone Number:</b>
<b>Company:</b>		<b>Testing Laboratory:</b>
<b>Date of Drug Screen:</b>		<b>Drugs Detected by Lab:</b>
<b>DER:</b>		
<b>DER Phone Number:</b>		
<b>DATE:</b>	<b>TIME:</b>	<b>DESCRIPTION OF CALL / ATTEMPTS</b>
<p><i>Donor informed he or she has 72 hours to call me and request a retest of same or split specimen at another certified laboratory.</i></p>		
<b>Disposition:</b> Positive Negative Canceled		_____ <i>Medical Review Officer</i>



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<b>Company:</b>		<b>Date Reported:</b>	
<b>Controlled substances tested in accordance with part 40?:</b>		<b>Yes</b>	<b>No</b>
<b>Name of Individual Tested:</b>			
<i>First</i>		<i>M.I.</i>	<i>Last</i>
<b>CCF Number:</b>		<b>Employee ID/SSD/CDL Number:</b>	
<b>Test Type:</b>			
Pre-employment	Random	Confirmation	Reasonable Cause
Return to Duty	Follow-up	Post Accident	Other
<b>Collection Date:</b>	<b>Time:</b>	<b>Location:</b>	
<b>Collector Name:</b>		<b>Certifying Scientist:</b>	
<b>Medical Review Officer:</b>		<b>Testing Lab:</b>	
<b>Date Received by MRO:</b>		<b>Date Verified:</b>	
<b>Other Services</b> Negative Positive for: Test Not Performed do to: Donor informed of 72 hour rule for testing of split specimen Unable to contact donor Review process may be reopened if donor calls			
<b>Additional Notes:</b>			
<b>Medical Review Officer</b>		<b>Date:</b>	