MRO Toxicology Panel
Donna Smith, PhD, EdD

1. How do participants adulterate specimens?
2. What criteria are used to report a urine specimen as adulterated or invalid specimen?
3. What do you recommend as procedure to address a specimen suspected of being adulterated?
4. When is a direct observed collection conducted?
5. How is a direct observed collection conducted?
6. How is a monitored collection conducted?
7. What is the difference? Do most ATD programs require directly observed or monitored collections?

MRO Toxicology Panel
Barry Lubin, MD, FASAM, MRO

1. What criteria are used to report a urine specimen as dilute?
2. What do you recommend the next steps be following receipt of a dilute specimen result? What procedure is used when the donor states that they are unable to provide a urine specimen?
3. If the participant refuses to stay to provide a specimen is the collector required to report this to the appropriate drug testing company AND the monitoring agency?
4. What steps are required if a participant refuses to provide a test - head is shaved, no body hair for a scheduled hair analysis, or nails too short for a nail analysis? How and to whom is this reported to the monitoring program?

MRO Toxicology Panel
James Ferguson, DO, DFASAM, C-MRO

1. Who may serve as an MRO?
2. Do MROs require certification similar to Board Certification in a practice specialty?
3. What training is required before a physician may serve as an MRO?
4. What are the responsibilities of an MRO?
5. When should a monitor/monitoring program request an MRO review? Dr. Ferguson
6. What is an MRO required to do when reviewing a urine, peth, nail or hair specimen's test results?
7. Is there a standardized format when the MRO submits his/her review to the monitor/monitoring program?
8. Does the MRO inform the participant of his/her MRO review results and recommendations?

MRO Toxicology Panel
Joe Jones, PhD

1. Are you receiving explanations for a positive ETG/ETS, urine alcohol and/or Peth by the participant's claim of kombucha use, vanilla or other flavors added to Starbucks coffee and other drink offerings, use of non-alcoholic near beer or non-alcoholic wine, etc?
2. Can ETG/ETS and or Peth be quantified? Can you say this level indicates drinking 2 glasses of wine in the past 3 days, etc?
3. Are there any things that could cause a false positive hair analysis?

MRO Toxicology Panel
Deborah Motika, MS, D-ABFT-FT, MT(ASPC)

1. Do any of the commonly prescribed antidepressants produce false positive results?
2. Does over the counter CBD oil produce positive results for marijuana? Is the use of CBD oil an acceptable explanation for a positive result for marijuana?
3. Would you please discuss testing available to detect kratom, methamphetamines, synthetic marijuana and will heroin laced with fentanyl show on a routine opiate screen?

Department of Health and Human Services (HHS) revised Mandatory Guidelines for Federal Workplace Drug Testing Programs

On January 23, 2017, the Department of Health and Human Services (HHS) revised Mandatory Guidelines for Federal Workplace Drug Testing Programs effective October 1, 2017.

If your organization complies with the HHS standards currently, whether by policy, support of federal testing programs or voluntary drug testing state laws, you must now comply with new panel standards effective October 1, 2017.

If your organization identifies specific drug panels in your current policy, updated policy language should be seriously considered, also covering adulterated specimens, oral fluid testing in shy bladder situations, observed collection safeguards, the emerging legal issues of anti-discrimination protection for medical marijuana card holders in certain states, and pre-duty disclosure of impairing effect drugs and substances for those working in safety-sensitive occupations.

Department of Health and Human Services (HHS) revised Mandatory Guidelines for Federal Workplace Drug Testing Programs

Key points in the guidelines:

- HHS expanded federal urine workplace drug testing to include four Schedule II opioids: hydrocodone, hydromorphone, oxycodone, and oxymorphone.
- HHS raised the lower pH cutoff from 3 to 4 to identify an adulterated specimen. One commentator expects to see an increase in the number of low PH urine test reported as adulterated.
- HHS removed MDEA for confirmatory testing and added MDA as an initial test analyte.
- HHS allowed a Medical Review Officer to recommend the collection of an alternate specimen (e.g., oral fluid) when a donor in their program is unable to provide a sufficient amount of urine specimen at the collection site (shy bladder), as permitted by agency policy.

Department of Health and Human Services (HHS) revised Mandatory Guidelines for Federal Workplace Drug Testing Programs

- Allows the donor to be observed by a person whose gender matches the donor's gender (as identified by the donor on the Federal CCF at the beginning or the observed collection), which is determined by the donor's gender identity. Observed collections must be conducted in a professional manner that minimizes discomfort to the donor, and a medical professional may serve as the monitor, regardless of gender.
- While the United States Department of Transportation (DOT) will eventually follow the HHS mandatory guidelines, to date the DOT has NOT yet published its final notice. We expect a DOT announcement shortly after October 1, 2017.

If you are an EBI Client, contact Customer Care via email at customercare@ebiinc.com or call 844-875-2129 for assistance coordinating updates to your panel configuration.

If you are not already a client, contact us for a free demo, https://www.ebiinc.com/demo

Department of Health and Human Services (HHS) revised Mandatory Guidelines for Federal Workplace Drug Testing Programs

Additional References:

HHS revised guidelines in its 51 page Federal Register release:

https://www.federalregister.gov/documents/2017/01/23/2017-00979/mandatory-guidelines-for-federal-workplace-drug-testing-programs

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