

Sample Positive Test Result Reporting Form

Information for Involved Parties

Donor's Name: _____ SSN: _____
Employer's Name: _____
DER's Name: _____ Phone: _____
Fax: _____
Laboratory: _____
MRO: _____ Phone: _____
Collection Site: _____ Phone: _____

Test Result Reporting

Result Received from MRO: Positive for: _____
Date of MRO report: _____ Time: _____
DER Notified: Date: _____ Time: _____
Written Result sent to DER: Date: _____
(Must be received by DER within 2 days) Via: Fax Electronic/Scanned Image
 Courier _____
 Other _____

Employee Disposition

Employer notified to remove employee from safety sensitive duties? Yes No
Disposition of the Employee: Removed from safety sensitive duties
 Terminated Re-assigned Suspended Other _____
Employee removed from DOT Random Pool: Date _____ By: _____

Print Name of Person Responsible for Reporting Positive Result: _____
Signature of Person Responsible for Reporting Positive Result: _____