

# **City of Chicago**

### **Business Affairs and Consumer Protection**

Public Vehicle Operations Division · 2350 W. Ogden, First Floor · Chicago, IL 60608 312-746-4200 · BACPPV@CITYOFCHICAGO.ORG · WWW.CITYOFCHICAGO.ORG/BACP

# DRUG TESTING FACILITY APPROVAL PROCESS & DRUG TESTING PROTOCOLS - Dated March 11, 2014\*

The Department of Business Affairs and Consumer Protection (BACP) provides public chauffeur and public vehicle license applicants with a list of approved drug testing facilities. The list is distributed to applicants to facilitate the completion of the chemical detection test required for BACP license applicants.

► The BACP Web page is <u>www.cityofchicago.org/bacp</u>.

The list of BACP approved drug testing facilities and this form are posted at the BACP Web page.

\* Approved drug testing facilities are responsible for following the most current BACP drug testing protocols. Any updates made to these drug testing protocols will be posted at the BACP Web page.

A clinic seeking to be added to the list of BACP approved drug testing facilities must first submit a written request to <a href="mailto:BACPPV@cityofchicago.org">BACPPV@cityofchicago.org</a>. The written request must include the required documents listed below. The approval process includes a clinic site visit by BACP personnel. At the conclusion of the approval process, BACP will issue a letter either granting or denying the clinic's application for approval.

Note that approval of a drug testing facility is directly tied to the facility's specific location address. Approval of a drug testing facility at a specific address is not an approval of all other clinics run by the same company. A separate approval request must be submitted for each clinic address. Once approved, BACP will issue a letter of approval. Only after receiving the BACP letter of approval, may a clinic start to perform drug testing on BACP license applicants. BACP will only accept drug test results from BACP APPPOVED drug testing facilities.

#### **STEP 1: REQUIRED DOCUMENTS FOR CONSIDERATION OF FACLITY APPROVAL**

The written request for approval must be sent to BACPPV@cityofchicago.org and include the following:

- 1. Facility name, site address, phone number, and e-mail address.
- 2. Facility hours of operation.
- Name and contact information (e-mail and phone number) of site manager responsible for providing BACP an immediate response.
  - ▶ At BACP's request, a license applicant's drug test report or findings, including a legal chain of custody report, must be sent to the BACP personnel requesting the report within 24 hours of the request.
- 4. List of medical staff and relevant office staff monitoring the clinic's drug testing process.
- 5. Copies of medical licenses issued to the facility's physician(s) or medical review officer(s) monitoring the clinic's drug testing process and documentation that issued licenses are in good standing with the State of Illinois.
- 6. List of medical services provided by the facility.
- 7. Cost of medical services provided by the facility.
- 8. A written copy of the facility's drug testing procedures, including collection site integrity and security protocols. The following video provides procedural guidelines to implement and follow: <a href="http://www.dot.gov/odapc/collection-site-security-integrity-video">http://www.dot.gov/odapc/collection-site-security-integrity-video</a>

- 9. Sample copies of a negative and positive drug test result reports. Drug test result reports being sent to BACP for BACP license applicants, must include the public chauffeur license number listed on the BACP Drug Authorization Form issued to the applicant.
- 10. An affidavit signed by the physician owner or physician authorized manager of the medical clinic facility attesting receipt and acknowledgement of the BACP drug testing protocols for approved drug testing facilities to follow. There must be a statement in the signed affidavit acknowledging the medical clinic's responsibility to reference and follow the most current drug testing protocols posted at the BACP Web page.

#### **STEP 2: SITE VISIT**

After submission of all the documents listed above, BACP personnel will schedule a facility site visit.

#### **STEP 3: BACP Letter of Approval or Denial**

BACP will notify drug testing facility in writing that the request for approval is granted or denied.

#### I. Protocol for reviewing and processing the BACP Drug Testing Authorization form.

- 1. Drug tests must be performed within 24 hours of applicant's receipt of the BACP Drug Testing Authorization Form (DTAF). Do not perform a drug test for the purposes of BACP licensing if the applicant does not have a BACP issued DTAF time stamped within 24-hours of the test to be performed. The BACP DTAF will contain the applicant's photo and the fingerprint of the applicant's right index finger. A sample BACP DTAF is attached to this protocol. BACP will reject and not accept drug test results based on drug tests performed outside the 24-time frame or without a completed BACP DTAF.
- 2. Facility must obtain and verify applicant's government issued photo identification and match the applicant's photo to the photo displayed on the BACP DTAF.
- 3. Facility must fingerprint the applicant in the box indicated on the DTAF and match the applicant's fingerprint with the BACP printed fingerprint on the BACP DTAF.
- 4. Facility must complete the bottom section of the BACP DTAF with the appropriate information.
- 5. After completing the bottom section of the BACP DTAF, facility should retain a copy of the completed DTAF and return the original DTAF to BACP by placing the completed DTAF in a sealed, secure, and tamper-proof envelope with applicant's name and public chauffeur number listed on outside of the envelope.
- 6. Facility must report the results to BACP immediately after the drug test is completed by following the instructions listed below.

#### II. <u>Drug Testing Result Reporting Requirements.</u>

- 1. Drug test results must be **legible** and reported to BACP on a BACP approved format. Results may be sent via email and/or fax as directed. A facility may post results to a secure Web portal for BACP access.
  - ▶ ALL drug test result reports must contain the applicant's BACP issued public chauffeur license number. That number may be found on the BACP DTAF under the applicant's name. Any drug test result report submitted without the applicant's public chauffeur license number will be rejected. Drug testing clinics that submit drug test result reports that do not list the applicant's public chauffeur license number may be removed from the BACP Approved Drug Testing Facility list.

- a. Negative Drug Test Results
  - Facilities may send negative drug test result reports via e-mail to <u>Anthony.Graffeo@cityofchicago.org</u>, <u>Kofi.Agyekum@cityofchicago.org</u> and BACPPV@cityofchicago.org OR post to a secure Web portal.
  - ii. In addition, facilities must e-mail to <a href="mailto:Anthony.Graffeo@cityofchicago.org">Anthony.Graffeo@cityofchicago.org</a>, <a href="mailto:Kofi.Agyekum@cityofchicago.org">Kofi.Agyekum@cityofchicago.org</a>, and <a href="mailto:BACPPV@cityofchicago.org">BACPPV@cityofchicago.org</a> a consolidated list of screened license applicants which lists each applicant's name, public chauffeur license number, date of the drug test, and drug test result.
  - iii. All reports must include a contact name and phone number for the individual that prepared the drug test report and must be signed and dated by the physician or medical review officer overseeing the drug testing process. Drug test results must be reviewed by a medical review officer or physician to be accepted by BACP.
  - iv. Negative drug test results may be submitted directly to BACP. Negative drug test results and BACP DTAFs may also be submitted directly to the license applicant for delivery to BACP offices in a sealed, secure, and tamper-proof envelope with applicant's name and public chauffeur number listed on outside of the envelope.

## **b.** Positive Drug Test Results

- For positive drug test results, the clinic must fax to 312-746-9406 a standard, individualized drug test report on a BACP approved form or format along with a copy of the chain of custody report.
- ii. The clinic **must** also notify via e-mail to <u>Anthony.Graffeo@cityofchicago.org</u>, <u>Kofi.Agyekum@cityofchicago.org</u> and <u>BACPPV@cityofchicago.org</u> that an applicant had a positive drug test result immediately after receiving the positive drug test result.
- iii. Positive drug test results <u>may not</u> be submitted directly to the license applicant.
- 2. ALL drug test lab result reports must include the required information:
  - a. Clinic name, location address, phone number and e-mail address
  - b. Laboratory name and address if different from clinic's
  - c. Certifying medical review officer's (MRO) printed name and license number
  - d. Custody and Control Identifier
  - e. Specimen I.D. number
  - f. License applicant's SSN (last four digits is acceptable)
  - g. License applicant's issued BACP public chauffeur license number
  - h. Collection site name, address, and telephone number
  - i. Date of the collection
  - j. Date received at the laboratory
  - k. Date certifying MRO released the results
- 3. Positive or rejected drug test result reports must be in the in the following format and include all of the above plus:
  - a. Positive Results Laboratories will report actual values for pH results
    - i. with drug(s)/metabolite(s) noted
    - ii. with stated numerical values for the drug(s) or drug metabolite(s) or positive-dilute
    - iii. with numerical values for creatinine and specific gravity

- b. Adulterated Results
  - i. with adulterant(s) noted
  - ii. with confirmatory test values (when applicable)
  - iii. with remarks(s)
- c. Substituted Results with confirmatory test values for creatinine and specific gravity
- d. Invalid Results must include remarks
- e. Rejected for Testing report the result as being "Rejected for Testing" and list reason for rejection
- f. "Remarks" all results should have a "Remarks" section with an explanation of any situation in which a correctable flaw has been corrected.
- ► Questions regarding this approval process and protocols should be directed to BACPPV@cityofchicago.org and "CC" Anthony Graffeo at Anthony.Graffeo@cityofchicago.org. Anthony Graffeo's office number is 312-746-4395.
- ▶BACP will remove a drug testing facility from its approved list if the facility fails to follow any of the above protocols; including but not limited, failing to list a public chauffeur license number on the drug test results report. BACP may also remove a clinic that fails to maintain required city, state, or federal license and certifications or has outstanding debt owed to the City of Chicago.
- ▶BACP will notify a drug testing facility in writing that it has been removed from the BACP approved list of drug testing facilities. After a drug testing facility is removed, BACP will reject any drug test results performed by the clinic after the date of the removal.
- ▶ After a drug testing facility is removed from the approved list; it may re-apply six months after removal date.

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\* SAMPLE \* DRUG TESTING AUTHORIZATION FORM\* SAMPLE

**Date/Time Tendered:** 

BACP will time stamp form

\*YOU MUST TAKE THE DRUG TEST WITHIN 24 HOURS OF ABOVE DATE/TIME, STAMP\*

**Photo of License Applicant** 



License Applicant Name:

BACP License Number:

Authorized By:

Above named consents to and authorizes the release of drug test results & medical records to the City of Chicago

X

Date:



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Authorized Drug Testing Clinic Site must complete:

Clinia Site Name: Complete

Date Received: Complete Time Received: Complete AM / PM

Received By: Complete

