

**REPORT OF DOT/FAA-RELATED VERIFIED POSITIVE DRUG TEST**

I am notifying you of a verified positive test result on the following individual.

Company Name: \_\_\_\_\_

Employee's Name: \_\_\_\_\_ Position or Position Applied For: \_\_\_\_\_

Employee's Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Type of Test:

- Pre-Employment  Random  Post-Accident  Reasonable Cause  Return-to-Duty  Follow-Up

Date of Drug Test Collection: \_\_\_\_\_

Test received by MRO from \_\_\_\_\_ on \_\_\_\_\_ date  
laboratory name and city

Date verified as a positive drug test result by MRO: \_\_\_\_\_

Verified Positive result(s) for the following prohibited drugs (as defined in 49 CFR § 40.85):

- Marijuana metabolites  Cocaine metabolites  Amphetamines  Opioids  Phencyclidine

Date Company Management notified of verified positive test result by MRO: \_\_\_\_\_

- Testing of split specimen NOT requested.  Date split specimen testing requested \_\_\_\_\_.

Split specimen forwarded for testing to \_\_\_\_\_  
laboratory name and city

Date split specimen test result received \_\_\_\_\_

- Reconfirmed the presence of the drug or drug metabolite(s).
- OR**
- I have not yet received the split specimen test result. I will forward it to the FAA upon receipt.

I have enclosed the following:

- Copy 1 of the custody and control form (or the laboratory report of the positive result)
- Copy 2 of the custody and control form
- Split specimen test result (if split testing was requested)
- All other supporting documentation

Signature of Notifying Individual \_\_\_\_\_ Date \_\_\_\_\_

Printed Name and Title \_\_\_\_\_ Telephone Number \_\_\_\_\_

Please submit this form to the FAA's Drug Abatement Division, Special Investigations Branch:

Email to [aam830@faa.gov](mailto:aam830@faa.gov) OR Fax to (202) 267-5200