

Department of Workforce Development UI Hearing Office P.O. Box 7975 Madison, WI 53707 Phone: (608) 266-8010 Fax: (608) 327-6498	Drug Test Report	
	Date sent:	Date due:
	SSN: ***-**-_____	
	Hearing No.:	

This form's purpose is to resolve the claimant's unemployment benefit eligibility. This information will be shared with department personnel and the parties involved in the disputed claim. Personal information you provide may be used for secondary purposes. [Privacy Law, s. 15.04(1)(m), Wis. Stats.]

1. What was the chain of custody, i.e., handling of the specimen from the time it was received to the time the test(s) was completed? [Be specific as to the date, time and name(s).]

2. What type of specimen was tested? _____
3. Who (name and title) tested the specimen? _____
4. What test(s) was conducted? _____
5. What procedure was used in conducting the test(s):
 The Department of Transportation's **Workplace Drug Testing Program** regulations, 49 CFR, part 40
 Other (be specific): _____

6. What was the result of the test(s)? Please indicate exact reading, preferably in ng/mL. (You may attach laboratory test results to answer this question. **However, you must still sign this form.**) _____

7. How long do the metabolites for the specific drug(s) identified remain in a person's system [i.e., how long are the specific drug(s) detectable after use]? _____

YOU MUST PROVIDE A COPY OF THE TESTING LABORATORY AND ANALYST CERTIFICATIONS AND/OR CREDENTIALS.

CERTIFICATION is required by an individual who can attest to the accuracy of the information provided.

I hereby certify, with full knowledge of the penalty of fine and/or imprisonment as provided in Section 943.39 of the Wisconsin Statutes, that this report, together with any attached documents, truly and correctly sets forth the above findings.

 Signature _____
 Printed Name _____ Title _____
 Name of Laboratory or Clinic _____
 Address _____
 Phone Number (_____) _____ Date: _____

Instructions for Completing the Form

An individual who personally can attest to the accuracy of the information provided must sign and certify this report. This is usually the person who actually tested the specimen.

Make sure the completed form is returned to this office by the due date (see above).

Special instructions for breathalyzer tests for blood alcohol:

If the test was a breathalyzer test for alcohol, the breathalyzer analyst should answer questions 3-6 on the "Drug Test Report" form. The analyst also should have received a second form entitled "Obtain Specimen Report", and should answer questions 1-4 on that form as well. *The breathalyzer analyst also should complete and sign the certification on BOTH forms.*