



DRUG TESTING AGREEMENT

PLEASE PRINT

Name: _____ UID#: _____

Local/Campus Address: _____

Local/Campus Telephone: _____ E-mail: _____

OFFICE USE ONLY	
Entrance & Initial Drug Test Date: ____/____/____	Exit Date: ____/____/____

I have read the following provisions of this Agreement and understand the consequences of not complying. Furthermore, I understand that my signature on this Agreement grants authorization to the Drug Testing Administrator and the Substance Abuse Program Coordinator (or designee) to make confidential release of test results and analysis, and related records to appropriate University officials. Drug testing and disciplinary records are maintained in accordance with University privacy policies. I hereby voluntarily accept the drug testing and education program in lieu of an active suspension from the University.

Signature

Date

Witnessed by:

Signature

Date

Please carefully read the following items. Place your initials next to each item to indicate that you read and understood the terms of the Drug Testing Agreement.

1. You are subject to random drug testing for a period not to exceed two calendar years, or until graduation. Drug testing will typically be administered by urinalysis. The urinalysis may include procedures for detection of any one or any combination of the following drugs: All drugs or harmful substances prohibited as controlled dangerous substances under the Annotated Code of Maryland, all harmful substances, the inhaling or smelling of which is prohibited by the Annotated Code of Maryland, and all prescription drugs as defined in the Annotated Code of Maryland.

_____ **Initials**

2. Testing begins on the first Monday at the beginning of the semester and ends on the last Monday of classes. Testing will not normally occur during finals. Participation in the drug testing program is contingent upon enrollment in classes; Students enrolled during the fall, winter, spring, or summer terms should be prepared to participate in the program. Should enrollment at the University be discontinued, the drug testing period shall be held in abeyance until you reenroll.

_____ **Initials**

3. You will be required to call the Drug Testing Administrator (DTA) (301-314-8104) every Monday between the hours of 9:00 a.m. and 5:00 p.m. The days may change each semester, so check in the first day of each semester to verify the days that drug testing will take place. By "calling-in" you will receive a recorded message containing code numbers of participants who are to be drug tested that day. Drug testing will usually be conducted between 10:00 a.m. and 5:30 p.m. at the University Health Center (UHC), Room 2149. Participants whose numbers are called must schedule a same day appointment with Mr. Doug Boykins (DTA). To schedule an appointment call Ms. Kit Johnson (301-314-8106). At the discretion of the DTA, occasional drug testing may occur on other weekdays or weekends by appointment. Notification of such testing will be made by the DTA.

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4. You will incur the cost of each drug test (\$40.00 in most cases). You must pay the testing fee at the UHC Pharmacy by 12:00 p.m. on the next business day after the drug test sample has been collected, or this fee will be applied to your student account. Should you fail to appear for a drug test for any reason, you will still incur the cost of the test and be billed as if the drug test was completed. You will be expected to make up the missed test. Positive test results will be confirmed using the Gas Chromatography/Mass Spectrometry process.

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5. At the time of your arrival for your initial drug test, the DTA or UHC designee will assign an identification number for the purpose of summoning you to the UHC for drug testing and for maintaining your anonymity. A master list of numbers will be maintained by the UHC to identify student test results. The Office of Student Conduct will also maintain a master list of numbers. The University, in accordance with the terms of the Family Educational Rights and Privacy Act (FERPA) will keep the list and results confidential.

_____ **Initials**

6. Any request for an exemption from an assigned test (e.g., due to illness or absence from the area) must be provided 48 hours in advance in writing to the Office of Student Conduct. Requests to be excused from an assigned test are not guaranteed and any student granted an exemption may be subject to increased testing thereafter.

_____ **Initials**

7. At the time of testing, you will be asked to write your name, university identification number (UID), and code number on a Drug Test Master Sheet. Your name will be directly placed on the laboratory chain-of-custody form and your initials will be directly placed on the specimen vile seal tape.

_____ **Initials**

8. You will provide a urine sample in a private bathroom under existing Federal regulations to insure against manipulation. The toilet bowl water will be colored blue and all available water sources will be sealed. No coats or loose outer clothing will be allowed into the bathroom. At the request of the DTA or designee, pockets must be emptied and contents left outside the bathroom and hands must be washed and rinsed prior to entering the bathroom. The DTA may alter these collection procedures if there is reasonable suspicion that you have attempted or are going to attempt to adulterate (substitute) or dilute the specimen. These procedures may be modified by requiring direct observation by the DTA or designee.

_____ **Initials**

9. You will be asked to complete a chain of custody form indicating that the drug test was completed in a satisfactory manner. You will also be asked to list all medications (**prescribed and/or over-the-counter**) taken within the previous seven days.

_____ **Initials**

10. Missed tests, diluted samples, adulterated (substituted) urine samples, and/or confirmed positive test results will be considered violations of this Agreement and will be reported to the Office of Student Conduct for disciplinary action. Suspension or expulsion may be imposed for violating the terms of this disciplinary sanction in accordance with the *Code of Student Conduct*.

_____ **Initials**

11. When a participant incurs a positive drug finding for the entrance drug test into the program, the participant will be required to take a drug test on each subsequent scheduled drug testing day until there is no longer a positive drug finding. Participants with a positive drug finding for the entrance drug test will also be required to have a follow-up meeting with the Office of Student Conduct.

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12. Participants who have drug tests that are considered diluted are required to take a follow-up drug test. Students will be contacted by the DTA or a designee to inform them of the diluted tests.

_____ **Initials**

13. Passive receipt of marijuana smoke or any other illegal drug may result in a positive drug finding and constitute a failed drug test. Such results would be deemed to be in violation of this Agreement. Suspension or expulsion may be imposed for violating the terms of this disciplinary sanction in accordance with the *Code of Student Conduct*.

_____ **Initials**

14. Any address and/or telephone changes which may occur during enrollment at the University must be reported on the DTA chain of custody form and be reported to the Office of Student Conduct. Additionally, participants are expected to keep all contact information current in Testudo. Failure to do so may result in notification being forwarded to your permanent/family's address and may be considered a violation of this Agreement.

_____ **Initials**

15. Students may petition the Office of Student Conduct to be released early from the Drug Testing Program provided they have completed *one full calendar year* on the drug testing program and have complied with **all** requirements of the drug testing and substance abuse intervention programs.

_____ **Initials**