MRO Case Studies

Updated: February 2005

CASE #1

Specimen Test Result: Positive for Marijuana Metabolite

Laboratory Report: The laboratory sent an electronic report and faxed a copy of the completed Federal CCF (Copy 1). The information on the electronic report matched the information on the Federal CCF except that the collector used the term "express carrier" in Step 4 on the Federal CCF rather than stating the specific name of the delivery service. Otherwise, the Federal CCF was properly completed by the collector and the laboratory.

Discussion: A collector is required to provide the specific name of the delivery service on the Federal CCF; however, it is considered an insignificant discrepancy when the correct name is not provided. No action is needed to correct the discrepancy.

Before a final determination can be made, the MRO must discuss the positive test result with the donor. During the donor interview, the donor claims he was positive because of passive inhalation. He states that he was at a party on Saturday night in which several individuals were smoking marijuana, but he did not smoke a joint. The MRO contacts the laboratory and is told that the concentration of the marijuana metabolite was 30 ng/mL. The Federal CCF documents that the donor's specimen was collected 2 days after the claimed passive exposure occurred.

Conclusion: Clinical studies have shown that it is highly unlikely that a non-smoking individual could unknowingly inhale sufficient smoke by passive inhalation to result in a high enough drug concentration in urine for detection at the cutoff concentrations used in the Federal agency program. In this case, the circumstances described by the donor do not approximate what would be needed to explain the presence of the marijuana metabolite in the donor's urine by passive inhalation.

MRO Report: Positive for Marijuana

CASE #2

Specimen Test Result: Positive for Morphine

Laboratory Report: The laboratory sent an electronic report and faxed a copy of the completed Federal CCF (Copy 1). The information on the electronic report matched the information on the Federal CCF. The Federal CCF was properly completed by the collector and the laboratory.

Discussion: The MRO has a blanket request on file at the laboratory to obtain the concentration of morphine and/or codeine that is in the urine specimen at the time the positive result is reported. The following quantitative results were reported by the laboratory: 5,200 ng/mL morphine and 6-acetylmorphine was negative.

Note: The laboratory is required to test for 6-acetylmorphine when the morphine concentration is greater than or equal to 2,000 ng/mL.

During the interview with the donor, the donor does not recall using any prescription medications that may have contained codeine or morphine. The donor also does not recall having eaten any poppy seeds around the time of the urine collection. In other words, the donor does not have an explanation for the positive result.

Additionally, the MRO does not find any clinical evidence of abuse of opiates.

Conclusion: When there is no clinical evidence of abuse and the concentration of morphine is less than 15,000 ng/mL, the MRO is required to report the test result as negative.

MRO Report: Negative

CASE #3

Specimen Test Result: Positive for Codeine and Morphine

Laboratory Report: The laboratory sent an electronic report and faxed a copy of the completed Federal CCF (Copy 1). The information on the electronic report matched the information on the Federal CCF. The Federal CCF was properly completed by the collector and the laboratory.

Discussion: The MRO has a blanket request on file at the laboratory to obtain the concentration of morphine and/or codeine that is in the urine specimen at the time the positive result is reported. The following concentrations were reported by the laboratory: 2,500 ng/mL morphine, 4,800 ng/mL codeine, and 6-AM negative.

Note: The laboratory is required to test for 6-acetylmorphine when the morphine concentration is greater than or equal to 2,000 ng/mL.

During the interview with the donor, the donor denies using any medication that may have contained codeine or morphine.

The MRO does not find any clinical evidence of abuse of opiates.

Conclusion: Although the quantitative test results indicate that a medication containing codeine was most likely taken by the donor, the MRO is required to report a negative result when there is no clinical evidence of abuse.

MRO Report: Negative

CASE #4

Specimen Test Result: Positive for Codeine and Morphine

Laboratory Report: The laboratory sent an electronic report and faxed a copy of the completed Federal CCF (Copy 1). The information on the electronic report matched the information on the Federal CCF. The Federal CCF was properly completed by the collector and the laboratory.

Discussion: During the interview with the donor, the donor states that he was taking a prescription medication that contained codeine (i.e., Tylenol with Codeine) at the time of the drug test. The donor submits a copy of his medical record to prove that the medication was properly prescribed to treat back pain during the time of the drug test.

The MRO obtained the following concentrations from the laboratory: 6,350 ng/mL morphine, 17,340 ng/mL codeine, and 6-AM negative.

Note: The laboratory is required to test for 6-acetylmorphine when the morphine concentration is greater than or equal to 2,000 ng/mL.

Conclusion: The donor provided a valid prescription to substantiate the positive codeine and morphine result. Therefore, the MRO is not required to determine if there is any clinical evidence of abuse.

MRO Report: A negative result is reported to the agency for its workplace drug testing program. However, if the MRO believes that the medication could impact on the occupational and safety aspects associated with the donor's job, the MRO must decide what must be done with the information. The MRO must preserve the confidentiality of the medical information by providing the information on a strict "need-to-know" basis. Unless required by regulation or law, the MRO must only discuss specific medical information with another physician or qualified health professional. It is recommended that the MRO contact the prescribing physician to discuss the possible impact that the medication may have on the safety aspects of the work performed by the donor. In addition, some occupations may have restrictions that prohibit an individual from taking specific medications. In these instances, the MRO may inform the individual responsible for certifying that the donor is qualified to perform that job that the donor is taking one of the restricted medications.

CASE #5

Specimen Test Result: Positive for Methamphetamine

Laboratory Report: The laboratory sent an electronic report and faxed a copy of the completed Federal CCF (Copy 1). The information on the electronic report matched the information on the Federal CCF. The Federal CCF was properly completed by the collector and the laboratory.

Discussion: During the interview with the donor, the donor denies taking any prescription medications, but states that he had used some over-the-counter decongestants and used a Vicks Inhaler® at the time of the drug test.

The MRO contacts the laboratory to verify that amphetamine was also present in the specimen. The laboratory reports that the amphetamine concentration was 245 ng/mL and the methamphetamine concentration was 950 ng/mL.

Note: Because the concentration of the methamphetamine is significantly higher than the amphetamine concentration, it appears that the amphetamine is present as a metabolite of methamphetamine.

The MRO requests the laboratory to perform a chiral analysis to determine which enantiomers of methamphetamine and amphetamine are in the specimen. Since *l*-methamphetamine is a legitimate component of the Vicks Inhaler®, the MRO wants to be certain that the reported methamphetamine did not come from using the Vicks Inhaler®. The laboratory reports that approximately 90 percent of both the methamphetamine and amphetamine are the *d*-enantiomers. Since a Vicks Inhaler® contains *l*-methamphetamine, the *d*-methamphetamine and *d*-amphetamine could not come from the Vicks Inhaler®.

Conclusion: The donor used a prescription medication illegally or used an illegal source of methamphetamine. In either case, there is no valid medical explanation for the positive result.

MRO Report: Positive for Methamphetamine

CASE #6

Specimen Test Result: Positive for Cocaine

Laboratory Report: The laboratory sent an electronic report and faxed a copy of the completed Federal CCF (Copy 1). The information on the electronic report matched the information on the Federal CCF. The Federal CCF was properly completed by the collector and the laboratory.

Discussion: During the interview with the donor, the donor denies using cocaine but claims that cocaine was used as a topical anesthetic prior to an endoscopic procedure. The donor submits a copy of the medical record that documented the use of the cocaine for the endoscopic procedure and the MRO verifies that use with the physician who performed the procedure. The medical record supports the use of cocaine hydrochloride; however, it was used 10 days before the urine specimen was collected.

Conclusion: Because the documented use of cocaine was 10 days before the drug test, the positive result could not have resulted from this medical use of cocaine. Generally, the detection window for the cocaine metabolite in urine is 2 to 3 days after use when using the cutoff concentrations required for testing federally regulated specimens.

MRO Report: Positive for Cocaine

CASE #7

Specimen Test Result: Positive for Morphine

Laboratory Report: The laboratory sent an electronic report and faxed a copy of the completed Federal CCF (Copy 1). The information on the electronic report matched the information on the Federal CCF. The Federal CCF was properly completed by the collector and the laboratory.

Discussion: The MRO obtains the following concentrations from the laboratory: 3,150 ng/mL morphine and 6-acetylmorphine negative.

Note: The laboratory is required to test for 6-acetylmorphine when the morphine concentration is greater than or equal to 2,000 ng/mL.

During the interview with the donor, the donor states that he was taking Percodan® (oxycodone and aspirin) at the time that he submitted a urine specimen. The donor also states that he routinely eats poppy seed bagels.

The MRO requests the donor to provide him a copy of his medical record. The record shows legitimate Percodan® use during that time.

Conclusion: The morphine concentration is consistent with eating poppy seeds. During the interview, the MRO is satisfied that there is no clinical evidence of opiate abuse. Additionally, Percodan® cannot cause a urine specimen to test positive for morphine or codeine because oxycodone does not metabolize to morphine or codeine. Since the donor had used the Percodan® according to the physician's instructions and had stopped using the medication 3 days after the drug test, there is no reason to contact the prescribing physician to discuss the donor's continued use of a medication that may have an impact on occupational and public safety. However, the MRO should inform the donor that taking any remaining Percodan® tablets after its intended use as prescribed by his physician is considered illegal and to caution him regarding the possible side effects if the Percodan® tablets are taken.

MRO Report: Negative

CASE #8

Specimen Test Result: Positive for Methamphetamine

Laboratory Report: The laboratory sent an electronic report and faxed a copy of the completed Federal CCF (Copy 1). The information on the electronic report matched the information on the Federal CCF. The Federal CCF was properly completed by the collector and the laboratory.

Discussion: The MRO receives the following concentrations from the laboratory: methamphetamine 1,250 ng/mL and amphetamine 225 ng/mL.

Note: Because the concentration of the methamphetamine is significantly higher than the amphetamine concentration, it appears that the amphetamine is present as a metabolite of methamphetamine.

During the interview with the donor, the MRO asks the donor to list the drugs he was taking at the time of the drug test and the donor states that he was using a Vicks Inhaler® for sinus congestion and Valium® (diazepam) for anxiety.

Note: The donor volunteered this information because he thought the Valium® may have caused the positive drug test.

To determine if the methamphetamine came from Vicks Inhaler® use, the MRO requests the laboratory to perform a chiral analysis. The results show that over 95 percent of the methamphetamine and amphetamine present in the urine were the *l*-enantiomers.

The MRO requests the donor to bring him a copy of his medical record. The record shows legitimate prescription use of the Valium®.

Conclusion: The chiral analysis supports the use of a Vicks Inhaler® as the reason for the positive drug test result. Although the workplace drug testing program does not test for benzodiazepines (e.g., Valium®), the MRO has been given information by the donor that could potentially impact on the donor's safety or on public safety. The MRO should contact the prescribing physician to determine if the warnings associated with Valium® use have been discussed with the donor and taken into consideration with regard to dosage and possible side effects.

MRO Report: Negative. The legitimate use of Valium® is confidential medical information and may not be given to the agency unless its use is specifically prohibited by an applicable regulation in the agency's drug testing regulation. If it is specifically prohibited, the MRO informs the individual responsible for certifying the donor to perform that job that the donor is taking a restricted medication.

CASE #9

Specimen Test Result: Positive for Methamphetamine

Laboratory Report: The laboratory sent an electronic report and faxed a copy of the completed Federal CCF (Copy 1). The information on the electronic report matched the information on the Federal CCF. The Federal CCF was properly completed by the collector and the laboratory.

Discussion: During the interview with the donor, the donor states that he has taken Adipex-P® (phentermine) for weight control, has taken a free sample given to him by his physician (but he cannot remember the name of the sample), frequently uses a Vicks Inhaler® for a stuffy nose, and uses a number of nutritional supplements from a health food store.

The MRO contacts the donor's physician who indicates that she had given the donor free samples of Tenuate® (Diethylpropion HCl) to take before taking Adipex-P®.

The MRO contacts the laboratory and is told that neither diethylpropion nor phentermine metabolize to methamphetamine or amphetamine; however, the Vicks Inhaler® does contain *l*-methamphetamine.

To determine whether the Vicks Inhaler® caused the positive result, the MRO requests the laboratory to provide the concentration of the methamphetamine in the urine specimen and to conduct a chiral analysis. The laboratory reports the following results: 942 ng/mL methamphetamine and 250 ng/mL amphetamine, with 37 percent *d*-methamphetamine and 63 percent *l*- methamphetamine.

Conclusion: Neither Tenuate® nor Adipex-P® were responsible for the presence of methamphetamine or amphetamine in this urine specimen. Neither of these products contains methamphetamine or amphetamine, and neither of these products is metabolized to methamphetamine or amphetamine. In addition, nutritional supplements do not explain the drug test results. If the Vicks Inhaler® were the only source of methamphetamine in this urine, the percentage of *l*-methamphetamine would have been greater than 80 percent. The donor clearly ingested another source of methamphetamine containing the *d*-isomer.

MRO Report: Positive for Methamphetamine

Case #10

Specimen Test Result: Adulterated (Nitrite = 850 mcg/mL)

Laboratory Report: The laboratory sent an electronic report and faxed a copy of the completed Federal CCF (Copy 1). The information on the electronic report matched the information on the Federal CCF. The Federal CCF was properly completed by the collector and the laboratory.

Discussion: During the interview with the donor, the donor claims to have been eating cured meats for dinner.

Conclusion: Based on the information available, eating foods containing nitrite or nitrates could not cause the nitrite concentration in a urine specimen to exceed the 500 mcg/mL cutoff concentration. The donor does not have a legitimate explanation to explain the presence of nitrite.

MRO Report: Refusal to Test (Adulterated - Nitrite = 850 mcg/mL)

Case #11

Specimen Test Result: Invalid Result (Possible Oxidant Activity)

Laboratory Report: Before reporting an invalid result to the MRO, the laboratory must attempt to contact the MRO to decide whether additional testing at a different laboratory would be useful to obtain a definitive result. In this case, the laboratory and MRO have discussed the result and agreed that additional testing is not necessary. The laboratory sent an electronic report and faxed a copy of the completed Federal CCF (Copy 1) to the MRO. The information on the electronic report matched the information on the Federal CCF. The Federal CCF was properly completed by the collector and the laboratory.

Discussion: During the interview with the donor, the donor claims to have no idea how an oxidant could be in his or her urine specimen.

Conclusion: The donor did not provide a legitimate medical explanation.

MRO Report: Test cancelled (Invalid Result – Possible Oxidant Activity) and direct the agency to immediately collect another specimen using a direct observed collection procedure.

Case #12

Specimen Test Result: Adulterated (Nitrite = 800 mcg/mL) and Invalid Result (Bottle A and B – Different Physical Appearance)

Laboratory Report: The laboratory sent an electronic report and faxed a copy of the completed Federal CCF (Copy 1). The information on the electronic report matched the information on the Federal CCF. The Federal CCF was properly completed by the collector and the laboratory.

Discussion: The MRO discusses the results with the donor and the donor denies tampering with the urine specimen.

Conclusion: Although the MRO is required to contact the donor and give the donor an opportunity to explain the adulterated result, the criteria established by the Mandatory Guidelines to report a specimen as adulterated preclude any legitimate medical explanation for the presence of an adulterant. For this urine specimen, the invalid result provides additional information that may be useful if the donor requests that the split (Bottle B) specimen be tested by a second certified laboratory. The fact that Bottle A and Bottle B have a different physical appearance may suggest that the nitrite would not be reconfirmed in the split (Bottle B) specimen.

Generally, all non-negative results would be reported to the agency. However, in this case, it is recommended that the MRO report only the adulterated result to the agency. Reporting both of these results to the agency (i.e., refusal to test (adulterated) and test cancelled (invalid result)) at the same time on a urine specimen is confusing. The reason for the invalid result (Bottle A and B – different physical appearance) will most likely affect only the testing of the split (Bottle B) specimen if the donor requests that the split (Bottle B) specimen be tested for the nitrite reported in the primary (Bottle A) specimen.

MRO Report: Refusal to Test (Adulterated – Nitrite = 800 mcg/mL)

Case #13

Specimen Test Result: Positive for Morphine and Adulterated (Chromium(VI) = 90 mcg/mL)

Laboratory Report: The laboratory sent an electronic report and faxed a copy of the completed Federal CCF (Copy 1). The information on the electronic report matched the information on the Federal CCF. The Federal CCF was properly completed by the collector and the laboratory.

Discussion: The MRO receives the following results from the laboratory: 5,000 ng/mL morphine and 6-acetylmorphine negative.

Note: The laboratory is required to test for 6-acetylmorphine when the morphine concentration is greater than or equal to 2,000 ng/mL.

During the interview with the donor, the donor states that he does not know why his specimen was positive for morphine or why it was reported adulterated.

Conclusion: The concentration of morphine in the urine specimen is consistent with eating poppy seeds. During the interview, the MRO is satisfied that there is no clinical evidence of opiate abuse. Therefore, the morphine drug test result would be reported as negative. For the adulterated result, there is no legitimate medical explanation for the presence of a highly toxic oxidant in a urine specimen.

MRO Report: Refusal to Test (Adulterated – Chromium (VI) = 90 mcg/mL)

Case #14

Specimen Test Result: Positive for Marijuana Metabolite and Cocaine Metabolite

Laboratory Report: The laboratory sent an electronic report and faxed a copy of the completed Federal CCF (Copy 1). The information on the electronic report matched the information on the Federal CCF. The Federal CCF was properly completed by the collector and the laboratory.

Discussion: During the interview with the donor, the donor claims that he was positive for marijuana because he was at a party and had eaten brownies that contained marijuana and that he was positive for cocaine because a dentist had used lidocaine prior to a dental procedure. The MRO contacts the laboratory and is told that the concentration of the marijuana metabolite was 60 ng/mL and the concentration of the cocaine metabolite was 420 ng/mL. The Federal CCF documents that the donor's specimen was collected 3 days after he claimed eating the brownies and one day after the dental procedure.

Conclusion: Unknowing ingestion of marijuana in brownies has been claimed by donors for many years as the reason for a positive test result. It is highly unlikely that the amount of the marijuana metabolite in a urine specimen following unknowing ingestion would exceed the cutoff concentrations used in the Federal workplace drug testing program. In this case, the circumstances described by the donor do not approximate what would be needed to explain the presence of the marijuana metabolite in the donor's urine. With regard to the cocaine metabolite, lidocaine does not contain cocaine and does not metabolize to the cocaine metabolite.

MRO Report: Positive for Marijuana and Cocaine

Case #15

Specimen Test Result: Substituted (Creatinine = 1.5 mg/dL and SpGr = 1.0005)

Laboratory Report: The laboratory sent an electronic report and faxed a copy of the completed Federal CCF (Copy 1). The information on the electronic report matched the information on the Federal CCF. The Federal CCF was properly completed by the collector and the laboratory.

Discussion: During the interview with the donor, the donor claims to have been performing strenuous activity and drinking large amounts of fluid for several days prior to the collection procedure because it was hot outside.

When this reason is given for a substituted result, the MRO requests the agency to have the donor provide another urine specimen using a direct observed collection procedure and to have the collector document that the donor drank a similar quantity of fluids prior to providing the specimen. The MRO does not report the final result to the agency until the laboratory reports the test result for the second specimen.

The laboratory reports that the second specimen collected has a creatinine concentration of 5.5 mg/dL and a specific gravity of 1.003.

Conclusion: The creatinine and specific gravity results for the second specimen are not similar to the results for the first specimen. Therefore, the donor's explanation that he drank large quantities of fluids prior to the first test was not a legitimate explanation for the substituted result.

MRO Report: Refusal to Test (Substituted)

Case #16

Specimen Test Result: Negative and Dilute

Laboratory Report: The laboratory sent an electronic report and faxed a copy of the completed Federal CCF (Copy 1). The information on the electronic report matched the information on the Federal CCF. The Federal CCF was properly completed by the collector and the laboratory.

Discussion: The MRO is not required to interview a donor whose urine specimen is reported as negative for drugs and dilute. A dilute result possibly indicates that a donor may have intentionally consumed large amounts of fluid or had taken diuretics in an attempt to reduce any drug concentrations to test below the cutoffs used, but not necessarily. A donor could provide a dilute specimen in other situations (e.g., because the donor drank fluid to provide a specimen when required at the collection site).

MRO Report: Negative and Dilute and inform the agency that it may use a direct observed collection procedure the next time the donor is selected for a drug test.
Note: DOT requires an immediate collection of a second specimen using a direct observed collection procedure when the creatinine concentration for a negative-dilute specimen is between 2.0 and 5.0 mg/dL.

Case #17

Specimen Test Result: Substituted (Creatinine = 1.0 mg/dL and SpGr = 1.0005) and Invalid Result (Abnormal pH)

Laboratory Report: The laboratory sent an electronic report and faxed a copy of the completed Federal CCF (Copy 1). The information on the electronic report matched the information on the Federal CCF. The Federal CCF was properly completed by the collector and the laboratory.

Discussion: During the interview with the donor, the donor states that he does not know why his urine specimen was reported as substituted and invalid.

The MRO informs the donor that he has the right to request that the split (Bottle B) specimen be tested in a second laboratory for the substituted result, but not for the invalid result.

Conclusion: The substituted result is considered a refusal to test, but the invalid result (by itself) would normally lead to a cancelled test and immediately collecting a second specimen using a direct observed collection procedure. To avoid confusion, it is not unreasonable to report only the substituted result to the agency. The invalid result may be useful if the donor requests a retest at a second certified laboratory of the substitution result.

MRO Report: Refusal to Test (Substituted)

Case #18

Specimen Test Result: Rejected for Testing (Fatal Flaw: Tamper-evident seal broken)

Laboratory Report: The laboratory sent an electronic report and faxed a copy of the completed Federal CCF (Copy 1). The information on the electronic report matched the information on the Federal CCF. The Federal CCF was properly completed by the collector and the laboratory.

Discussion: The HHS Guidelines designate some specific specimen and documentation problems as either "fatal flaws" or "correctable flaws." Laboratories generally identify fatal flaws during receipt and accessioning, and do not test such specimens. When a correctable flaw is identified, the laboratory usually proceeds with testing the specimen but cannot report the test results unless the flaw is recovered. A laboratory may choose to delay testing the specimen until the collector provides the documentation to recover a correctable flaw.

A broken seal on the bottle of a single specimen collection impacts directly on the integrity of specimen and; therefore, the laboratory will not test the specimen. A broken seal on a primary (Bottle A) specimen of a split specimen is fatal unless the split (Bottle B) specimen can be redesignated as the primary (Bottle A) specimen. That is, the volume of urine in Bottle B is sufficient to conduct the required tests and the seal is intact. If redesignation is possible, the laboratory will test the specimen in Bottle B and report a result. When redesignation occurs, the laboratory does not inform the MRO that Bottle B was redesignated as Bottle A when the test result is reported. If and when this specimen is reported positive, adulterated, or substituted and the donor requests that the split specimen be tested, the laboratory informs the MRO that the redesignation occurred and that a split specimen is not available.

Conclusion: Since the laboratory rejected the specimen for testing, the MRO can assume that it was not possible to redesignate Bottle B as Bottle A.

MRO Report: Test Cancelled (Fatal Flaw: Tamper-evident seal broken) and the agency is permitted to immediately collect another specimen.

Case #19

Split Specimen Test Result: Failed to Reconfirm Benzoylecgonine – Reason: Adulterated (pH = 11.5)

Laboratory B Report: Lab B faxed a copy of the completed Federal CCF (Copy 1). Lab B properly completed Step 5b on the Federal CCF.

Discussion: Lab B received the split (Bottle B) specimen from the primary laboratory with a request to test the split specimen for benzoylecgonine, the drug metabolite that was reported positive in the primary (Bottle A) specimen. When Lab B was unable to reconfirm the presence of benzoylecgonine, it was required to conduct additional validity tests to determine if there was a reason for not reconfirming the presence of the benzoylecgonine. Lab B determined and reported that the pH of the split (Bottle B) specimen was in the adulterated range.

After the adulterated result is reported to the MRO, the donor immediately requests that Lab A retest Bottle A to determine its pH. Lab A reports that the pH of Bottle A is 8.2, which is in the acceptable range (i.e., not adulterated).

MRO Report: Failed to Reconfirm Benzoylecgonine. The MRO cancels both tests and directs the agency to immediately collect another specimen using a direct observed collection procedure. The MRO notifies the appropriate regulatory office about the failed to reconfirm and cancelled test.

Case #20

Split Specimen Test Result: Failed to Reconfirm Marijuana Metabolite – Reason: Invalid Result (Possible Oxidant Activity)

Laboratory B Report: Lab B faxed a copy of the completed Federal CCF (Copy 1). Lab B properly completed Step 5b on the Federal CCF.

Discussion: Lab B received the split (Bottle B) specimen from the primary laboratory with a request to test the split specimen for the marijuana metabolite (THCA), the drug metabolite reported positive in the primary (Bottle A) specimen. When Lab B was unable to reconfirm the presence of the THCA, it was required to conduct additional validity tests to determine if there was a reason for not reconfirming the presence of the THCA. Lab B was unable to identify the presence of a specific adulterant in the split specimen; however, it was able to determine that there was some possible oxidant activity in the split specimen. At this point, Lab B contacts the MRO to decide whether additional validity testing at a third laboratory would be able to identify a specific adulterant. Lab B stated that it does not perform the tests required to report a specimen as adulterated, but performs testing only to identify the possible presence of adulterants and then report a specimen as invalid.

After discussing the results with Lab B, the MRO decides to send the specimen to Lab C for confirmatory testing for specific oxidizing adulterants. Lab C is unable to confirm a specific adulterant and reports an Invalid Result (possible oxidant activity) for the split (Bottle B) specimen.

MRO Report: Failed to Reconfirm THCA and Invalid Result (possible oxidant activity). The MRO cancels both tests, directs the agency to immediately collect another specimen using a direct observed collection procedure, and reports the failed to reconfirm and cancelled tests to the appropriate regulatory office.

Case #21

Split Specimen Test Result: Failed to Reconfirm Benzoylecgonine - Reason: Benzoylecgonine Not Detected

Laboratory B Report: Lab B faxed a copy of the completed Federal CCF (Copy 1). Lab B properly completed Step 5b on the Federal CCF.

Discussion: Lab B received the split (Bottle B) specimen from the primary laboratory with a request to test the split specimen for benzoylecgonine, the drug metabolite reported positive in the primary (Bottle A) specimen. When Lab B was unable to reconfirm the presence of benzoylecgonine, it was required to conduct additional validity tests to determine if there was a reason for not reconfirming the presence of benzoylecgonine. Lab B could not find an adulterant, the specimen was not substituted, and there was no evidence to report an invalid result.

If Lab B believes that benzoylecgonine may be present in the split specimen but it cannot obtain a valid result (e.g., due to an interferent with its assay), Lab B must contact the MRO to decide whether testing at a third laboratory would be useful. In this case, Lab B did not contact the MRO to discuss this possibility because its drug confirmatory test indicated that the benzoylecgonine was not present in the split (Bottle B) specimen.

MRO Report: Failed to Reconfirm Benzoylecgonine. The MRO cancels both tests and reports the failed to reconfirm and cancelled tests to the appropriate regulatory office.

Case #22

Split Specimen Test Result: Failed to Reconfirm Chromium (VI) - Reason: Did not satisfy criteria for Cr(VI)

Laboratory B Report: Lab B faxed a copy of the completed Federal CCF (Copy 1). Lab B properly completed Step 5b on the Federal CCF.

Discussion: Lab B received the split (Bottle B) specimen from the primary laboratory with a request to test the split specimen for chromium (VI) that was reported present in the primary (Bottle A) specimen. When Lab B tested the split specimen, it was unable to verify the presence of chromium (VI). At this point, Lab B stopped testing the split (Bottle B) specimen and reported the failed to reconfirm result to the MRO.

MRO Report: Failed to Reconfirm Chromium (VI). The MRO cancels both tests and reports the failed to reconfirm and cancelled tests to the appropriate regulatory office.