

STATE MEDICAL BOARD OF OHIO - DISCUSSION PAPER

BIOLOGICAL FLUID TESTING

Revised October 1993

Biological fluid testing remains the only objective method which can be used to support subjective statements and observations relating to abstinence from drugs. As such, biological fluid testing must be made a routine part of Board Orders and Consent Agreements in order to maintain assurance to the Board and the public alike.

However, such testing is only useful if it is conducted under conditions which prevent opportunity for falsification. The following elements are essential to assure a viable testing program:

- 1) **Witnessed samples.** The first line in maintaining proper assurance is to have the gathering of fluids actually observed to prevent tampering, or even accusations of tampering, with the sample.
- 2) **Control of sample.** Control of the sample must not be entrusted to the individual being tested. Instead, the observer must take control of the sample, and have it appropriately sealed, labeled, and forwarded for testing. Copies of all screening reports are to be mailed directly to the Board by the Supervising Physician.
- 3) **Randomness of screenings.** Two basic approaches to biological fluid screenings can be undertaken:
 - a. The first approach would be to have a sample provided every day. A random selection of the sample would be forwarded for testing. Responsibility for selecting the samples to be forwarded must not be given to the individual being tested.
 - b. A second approach would be to take the samples themselves on a random basis. If specimens are taken on a truly random basis without the subject's prior knowledge, reasonable assurances can be maintained while the number of samples can be drastically reduced.
- 4) **Frequency of screenings: Scope and Specificity.** If random samples are utilized as an alternative to daily samples, frequency of screenings must be based on a number of factors, including the individual's drug of abuse, the time span during which the suspected drugs of abuse remain amenable to detection, and the length of time that the individual has already remained drug free. Changes in frequency of specimen submission, or screening, must be approved by the Board prior to implementation. The scope and specificity of the test will be determined by the Board Secretary, who will ensure that testing is being performed for at least the drug(s) of choice.

- 5) **Responsibility of Supervising Physician.** The ultimate responsibility for compliance with a board Order or a Consent Agreement rests upon the individual who is subject to it. However, an effective random screening program also requires a supervising physician who will undertake the responsibilities of that role. The Board may need to communicate directly with a nominated supervising physician to make sure that the physician is both aware of, and willing to, fulfill those responsibilities. Supervising physicians would need to be responsible for:
- a. If samples are taken daily, ensuring that testing of samples is performed on a random basis.
 - b. If samples are to be taken on a random basis, arranging for collection of samples and laboratory screenings on a truly random schedule. The subject of the screenings must have no indication of the date chosen for collection of samples.
 - c. Ensuring that the subject of the screenings submit the specimen as soon as practicable after notification. The specimen should normally be submitted within one hour after notification, or within such other time as is reasonable under the circumstances.
 - d. Actually witnessing the giving of the samples, or arranging for a reliable witness.
 - e. Ensuring that proper control over the samples is maintained.
 - f. Ensuring that the Board receives copies of the test results on the periodic basis established by the Board.
 - g. Ensuring that the Board is notified immediately of any positive screening result.
 - h. Ensuring that the name of the physician undergoing testing appears on all samples provided. No aliases are to be used. An identifying number may be used if the Supervising Physician is willing to declare in his report that the sample is that of the person for whom he is reporting.
 - i. Ensuring that split screening is performed to protect against false positives; and
 - j. Ensuring that screens are conducted at laboratories that provide forensic capability.
 - k. Providing quarterly reports to the Board verifying whether all urine screens have been conducted in compliance with the Board Order or Consent Agreement, whether all screens have been negative, and whether the Supervising Physician remains willing and able to continue his responsibilities.