In accordance with the Substance Abuse Policy of the College of Nursing and Health Sciences at Jacksonville State University, I am requesting a drug screen that meets the following guidelines:

1. The fee for testing is to be paid by the student. Collection procedures, chain of custody, and monitoring of specimen collection; will be in accordance with the designating agency’s standard operating procedures and will be explained to the student at the time of specimen collection.

2. Specimens will be screened, at a minimum, for the following classes of drugs:
   a. Amphetamines
   b. Methamphetamine
   c. Barbiturates
   d. Benzodiazepines
   e. Cocaine
   f. Methadone
   g. Tetrahydrocannabinial (THC)
   h. Phencyclidines (PCP)
   i. Propoxyphene
   j. Opiates

3. Positive drug screens shall be confirmed by Gas Chromatography/Mass Spectrometry (GCMS).

4. Positive drug screens shall be reviewed by a Medical Review Officer (MRO) of the designated agency. If the student tests positive for one or more of the above drugs, and asserts that the positive test is a result of taking a drug prescribed to them by a physician, the MRO will review, with the student, the actual prescription, amount taken daily, the time and amount of the last dose, and the reasons for the prescribed drug. Additionally, the student may be required to contact the prescribing physician and/or pharmacy and authorize release of medical information to indicate the illness for which the drug was prescribed, the length of time the student will have to take the drug, and other relevant information.

5. If the student tests positive for one or more of the above listed drugs, and if, following review by the MRO the conclusion of the MRO is that the test is positive, the student has the option to request confirmation testing (“Bottle B”) by a separate independent laboratory. All expenses and fees associated with the additional confirmation testing will be paid for by the student.

6. The MRO will report test results to the Dean of the College of Nursing and Health Sciences. Test results should be mailed to the following address:
   Dean
   College of Nursing and Health Sciences
   Jacksonville State University
   700 Pelham Road North
   Jacksonville, AL  36265
I, ________________________________, hereby authorize the MRO of ________________________________ (facility/lab) to release the results of my drug screening test to the Dean, College of Nursing and Health Sciences, Jacksonville State University.

__________________________________________________________  ____________
Student Signature         Date

__________________________________________________________
Print Name

__________________________________________________________  ____________
Witness Signature          Date

__________________________________________________________
Print Name