

# Drug and Substance Abuse Testing Supplemental



1. Type specimens taken/tested:  
 Urine    Blood  
 Other; Describe: \_\_\_\_\_
  
2. Who does testing?  
\_\_\_\_\_ Insured's own laboratory/staff  
\_\_\_\_\_ Laboratory insured contracts with for this service (include copy of contract and confirmation that lab carries own insurance and at what limits, provide example of letterhead that results are sent out on)  
\_\_\_\_\_ Independent laboratories chosen by others (describe who selects lab facility, include copy of any contracts between the parties, confirm lab's own insurance and limits, and confirm letterhead that results are sent out on)
  
3. Describe exactly who reads and interprets the test results: \_\_\_\_\_
  
4. Describe the "protocols" in place to prevent reporting of "false positive" results:  
\_\_\_\_\_
  
5. Describe the "policy" regarding "confidentiality" of reports and records:  
\_\_\_\_\_
  
6. In the past year:  
(a) How many positive test results? \_\_\_\_\_  
(b) How many employees:  
    (1) treated? \_\_\_\_\_  
    (2) counseled? \_\_\_\_\_  
    (3) terminated from employment? \_\_\_\_\_
  
7. Is portable equipment used in any on-site testing operations? Describe fully the equipment including its exact use, who manufactures, any lease involving use of same, and brochures (if available).  
\_\_\_\_\_  
\_\_\_\_\_
  
8. Enclose copies of contracts between Insured and Client companies.

\_\_\_\_\_ Date

\_\_\_\_\_ Applicant Signature/Title

Send submissions to: [healthcare@iscmga.com](mailto:healthcare@iscmga.com)