

Appendix C to Part 40-DOT Drug Testing Semi-Annual Laboratory Report to DOT

Mail, fax, or email to:

U.S. Department of Transportation
Office of Drug and Alcohol Policy and Compliance
W62-300
1200 New Jersey Avenue, S.E.
Washington, DC 20590
Fax: (202) 366-3897
Email: ODAPCWebMail@dot.gov

The following items are required on each report:

Reporting Period: (inclusive dates)
Laboratory Identification: (name and address)

1. DOT Specimen Results Reported (number)
2. Negative Results Reported (number)
3. Rejected for Testing Reported (number)
By Reason (number)
4. Positive Results Reported (number)
By Drug (number)
5. Adulterated Results Reported (number)
By Reason (number)
6. Substituted Results Reported (number)
7. Invalid Results Reported (number)
By Reason (number)

[73 FR 35975, June 25, 2008]