

## 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](mailto: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 (total number)
2. Negative Results Reported (total number)
  - Negative (number)
  - Negative-Dilute (number)
3. Rejected for Testing Results Reported (total number)

By Reason

  - (a) Fatal flaw (number)
  - (b) Uncorrected Flaw (number)
4. Positive Results Reported (total number)

By Drug

  - (a) Marijuana Metabolite (number)
  - (b) Cocaine Metabolite (number)
  - (c) Opiates (number)
    - (1) Codeine (number)
    - (2) Morphine (number)
    - (3) 6-AM (number)
  - (d) Phencyclidine (number)
  - (e) Amphetamines (number)
    - (1) Amphetamine (number)
    - (2) Methamphetamine (number)
    - (3) MDMA (number)
    - (4) MDA (number)
    - (5) MDEA (number)
5. Adulterated Results Reported (total number)

By Reason (number)
6. Substituted Results Reported (total number)
7. Invalid Results Reported (total number)

By Reason (number)

[73 FR 35975, June 25, 2008, as amended 75 FR 49864, August 16, 2010]