



MODEL STANDING ORDER FOR DRUG TESTING FOR DOT-REGULATED EMPLOYERS

The following tables on this page and the next indicate the Standing Order for the company: _____, detailing the employer’s protocols and instructions to collector(s) for administering DOT-regulated drug testing to our employees.

DRUG TEST REASON	TESTING METHODOLOGY TO BE USED	
Pre-employment	Urine	Oral Fluid
Random	Urine	Oral Fluid
Reasonable Cause/Suspicion	Urine	Oral Fluid
Post-accident * <small>* FRA does not allow post-accident testing under 49 CFR Part 40</small>	Urine	Oral Fluid
Return-to-Duty	Urine	Oral Fluid
Follow-up	Urine	Oral Fluid

TYPE OF PROBLEM COLLECTION	TESTING METHODOLOGY TO BE USED	
Shy Bladder arising during an initial urine collection	Urine	Oral Fluid
Dry Mouth arising during an initial oral fluid collection	Urine	Oral Fluid
Directly Observed Collection required under 49 CFR section 40.67 because the DER directs the collector to conduct one	Urine	Oral Fluid
<i>This Standing Order for instructions on problem collections is continued on the next page.</i>		

TYPE OF PROBLEM COLLECTION (continued)	TESTING METHODOLOGY TO BE USED	
Directly Observed Collection required under 49 CFR section 40.67 because the collector observed materials brought to the collection site or the employee's conduct clearly indicated an attempt to tamper with a specimen (see 40.61(f)(5)(i) and 40.63(e)).	Urine	Oral Fluid
Directly Observed Collection required under 49 CFR section 40.67 because the collector determined the temperature on the original specimen was out of range (see 40.65(b)(5))	Urine	Oral Fluid
Directly Observed Collection required under 49 CFR section 40.67 because the collector determined the original specimen appeared to have been tampered with (see § 40.65(c)(1))	Urine	Oral Fluid
Directly Observed Collection arising under 49 CFR section 40.67 for ANY reason and the donor identifies as a transgender or nonbinary individual	Oral fluid – required by DOT	

If this standing order cannot be followed for any reason, the collector must contact the Designated Employer Representative: _____ before the collection begins. The collector's error will not invalidate or otherwise cancel the test but failing to follow this standing order may result in our company refusing to pay the collector and/or collection company for the collection of this test.

As the authorizing official for [insert the employer's company name here], I am issuing this standing order.

 Insert name of Authorizing Official Signature of Authorizing Official Date

 Insert Authorizing Official's Phone Insert Authorizing Official's Email

NOTE: _____ reserves the right to revise this Standing Order for DOT-regulated drug testing in the future. If the collector has two differently dated copies of our standing order, the copy with the date later in time is the one that must be followed.