



Instant Substance Abuse Testing in Maryland COMAR 10.10.10

Attached you will find an application to register your business to conduct pre-employment/job applicant instant screening tests for drugs of abuse as required by Health-General article §17-205(d)(2). This registration allows you and /or your agent to perform drug screening tests on job applicants using instant single use drug testing kits. Instant testing kits may not be used for any other reason such as post-accident, reasonable suspicion, etc. in the State of Maryland.

Please complete the form and return with a \$50 registration fee made out to the Office of Health Care Quality. Once processed, you will receive a registration letter effective for two years. Mail completed registration form and fee to:

Laboratory Testing – EDT Registration
Office of Health Care Quality
Spring Grove Center – Bland Bryant Building
55 Wade Avenue
Catonsville, MD 21228

Phone inquiries: Cheryl Sloan 410-402-8025

CorpOHS and Carroll Occupational Health are compliant with all State of Maryland regulations with regard to instant drug testing, which are as follows:

1. Device must meet forensic criteria:

Must be a sealed container with a validity check
Must have a tamper proof non-resealable closure (evidence tape, etc.)
Must be self-contained and individually packaged
Must be discarded after each test (unless sent to lab)
Does not allow any interaction from test to test

2. Collectors must have proof of training for the specific device.

3. The state may inspect the collection process annually.

4. All “non-negatives” must be sent to a certified lab for confirmation testing. A MRO must review this confirmation testing.



Maryland Department of Health and Mental Hygiene Office of Health Care Quality – Laboratory Licensing Programs Spring Grove Center – Bland Building, 1 st Floor Catonsville, Maryland 21228 Voice: 410-402-8025 Facsimile: 410-402-8213		Office Use Only: Registration # EDT - _____ Check # _____ Amt \$ _____ Date Rec'd: _____
Employer Point-of-Collection/ On-Site Drug Testing Registration Form		
BUSINESS/EMPLOYER NAME:		
ADDRESS:		TESTING SITE:
		YES _____ NO <u>XX</u> _____
CITY / STATE / ZIP CODE:		
CONTACT PERSON NAME / POSITION:	TELEPHONE NUMBER:	FAX NUMBER:
TESTING AGENT (IF NOT EMPLOYER):	TELEPHONE NUMBER:	FAX NUMBER:
CORPOHS OCCUPATIONAL HEALTH SOLUTIONS (CORPOHS)	240-566-3001	240-566-3171
TESTING AGENT ADDRESS:	TESTING SITE:	
490-L PROSPECT BLVD	YES <u>XX</u> NO _____	
CITY / STATE / ZIP CODE:		
FREDERICK, MARYLAND 21701		
TESTING PERSONS NAME(S):		
CORPOHS AND CARROLL OCCUPATIONAL HEALTH STAFF		
TESTING SITE LOCATION(S) (IF NOT INDICATED ABOVE):		
IN ADDITION TO ABOVE LOCATION: CARROLL OCCUPATIONAL HEALTH, 700B CORPORATE CTR COURT, STE A, WESTMINSTER, MD 21157		
HOURS OF OPERATION:		
7:00AM – 5:00PM – MONDAY – FRIDAY		
NAME OF TEST KITS(S) USED AND MANUFACTURER(S):		
ESCREEN DRUGS OF ABUSE SCREENING SYSTEM – MANUFACTURED BY ESCREEN		
EMPLOYER SIGNATURE:	TITLE:	DATE: