Practitioner's Details

Monitoring & 
Compliance number

Name
(Last, First)

Practitioner’s Declaration

By signing this form I confirm I have read and understood the requirements of the Drug and Alcohol Screening Protocol in relation to hair drug screening. In particular I understand:

1. Additional drug screening may be required.

2. The conditions on my registration requiring hair drug screening prohibit me from taking any substance unless it has been prescribed, approved or administered by a nominated practitioner and I have declared this prescription, approval or administration to AHPRA. The nominated practitioner must not be a relative, friend, professional colleague or in a direct contractual or financial relationship with me.

3. For the purposes of the condition on my registration requiring hair drug screening `substance’ is defined as any illicit substance as well as any pharmacist only, prescription only or any controlled drug or medication as contained in Schedule 3, 4 or 8 in the Standard for the Uniform Scheduling of Medications and Poisons (the SUSMP) as amended from time to time and as published at https://www.tga.gov.au/publications/poisons-standard-susmp.

4. The consumption of poppy seeds will not be accepted as an explanation for a positive drug screening result.

5. The process for step down or step up of drug screening frequency.

6. I must only use pathology request forms provided by my case officer and I must not self refer for hair drug screening.

7. The timeframe and frequency with which I must undertake hair drug screening.

8. I must attend an approved collection centre unless alternate collection arrangements, approved by the Board, are in place.

9. I must keep the head hair to be sampled at no less than 3cm length.

10. I must accurately complete a Drug Information Sheet to accompany each hair drug screen.

11. I am responsible for ensuring the collector complete a Chain of Custody form at the time of sample collection.

12. I must present photographic identification to the collector for each hair drug screen.

13. A hair drug screen result which indicates the presence of one or more substances where there is no declared prescription, approval or administration by a nominated practitioner for the substances detected will be considered a positive hair drug screen.

Signature

Date

Return form to

Case officer

Email

Post

Page 1 of 1     Undertake hair drug screening - Practitioner acknowledgement
Undertake hair drug screening
Practitioner’s declaration of current substances

**Practitioner’s Details**

<table>
<thead>
<tr>
<th>Monitoring &amp; Compliance number</th>
<th>Name (Last, First)</th>
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**Practitioner’s Declaration**

By signing this form, I acknowledge and confirm:

1. I am aware that the conditions on my registration that require hair drug screening prohibit me from taking any substance unless it has been prescribed, approved or administered by a nominated practitioner and I have declared this prescription, approval or administration to AHPRA. The nominated practitioner must not be a relative, friend, professional colleague or in a direct contractual or financial relationship with me.

2. For the purpose of the conditions on my registration requiring hair drug screening ‘substance’ is defined as any illicit substance as well as any pharmacist only, prescription only or any controlled drug or medication as contained in Schedule 3, 4 or 8 in the Standard for the Uniform Scheduling of Medications and Poisons (the SUSMP) as amended from time to time and as published at [https://www.tga.gov.au/publications/poisons-standard-susmp](https://www.tga.gov.au/publications/poisons-standard-susmp).

3. The information below is true, accurate and sets out the details of all current substances I am taking, along with the details of all the practitioners who have or are likely to prescribe, approve or administer substances to me.

4. Within three days of the prescription, administration or approval of any substance not previously declared I must provide the details of this substance and the practitioner who prescribed, approved or administered this substance to AHPRA, on the approved form (HPF4).

5. For the purposes of monitoring my compliance with the condition on my registration requiring hair drug screening AHPRA may:
   a. contact the nominated practitioners to confirm the prescription, approval or administration, and
   b. contact and access information from Medicare Australia and/or local drugs and poisons authorities.

**Return form to**

Case officer Email Post

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Page 1 of 3  Undertake hair drug screening - Practitioner’s declaration of current substances
### Practitioner’s Details

<table>
<thead>
<tr>
<th>Monitoring &amp; Compliance number</th>
<th>Name (Last, First)</th>
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### Prescribed medications

I confirm that the following are the current substances prescribed, approved or administered to me:

<table>
<thead>
<tr>
<th>Substance 1</th>
<th>Dose</th>
<th>Frequency</th>
<th>Number of repeats</th>
<th>Date of last prescription</th>
<th>Name of prescribing practitioner</th>
<th>Place of practice of prescribing practitioner</th>
<th>Email address and contact number</th>
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<th>Substance 2</th>
<th>Dose</th>
<th>Frequency</th>
<th>Number of repeats</th>
<th>Date of last prescription</th>
<th>Name of prescribing practitioner</th>
<th>Place of practice of prescribing practitioner</th>
<th>Email address and contact number</th>
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</table>
## Practitioner’s Details

**Monitoring & Compliance number**

**Name** (Last, First)

## Prescribed medications

I confirm that the following are the current substances prescribed, approved or administered to me:

<table>
<thead>
<tr>
<th>Substance 3</th>
<th>Dose</th>
<th>Frequency</th>
<th>Number of repeats</th>
<th>Date of last prescription</th>
<th>Name of prescribing practitioner</th>
<th>Place of practice of prescribing practitioner</th>
<th>Email address and contact number</th>
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<th>Substance 4</th>
<th>Dose</th>
<th>Frequency</th>
<th>Number of repeats</th>
<th>Date of last prescription</th>
<th>Name of prescribing practitioner</th>
<th>Place of practice of prescribing practitioner</th>
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