



## Undertake urine and hair drug screening Practitioner acknowledgement

### Practitioner's details

Name	Monitoring & compliance number
<input type="text"/>	<input type="text"/>

### Practitioner's declaration

**By checking the following boxes and signing this form, I acknowledge and confirm that I understand:**

- the requirements of the Drug and Alcohol Screening Protocol in relation to urine and hair drug screening.
- the conditions on my registration requiring urine and 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.
- that, for the purpose of the conditions on my registration requiring urine and hair drug screening, 'substance' is defined as any illicit substance as well as any prescription only or any controlled drug or medication as contained in Schedule 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>.
- the consumption of poppy seeds will not be accepted as an explanation for a positive drug screening result.
- the timeframe and frequency with which I must undertake urine and hair drug screening and that additional drug screening may be required.
- the process for step down or step up of drug screening frequency.
- I must attend an approved collection centre unless alternate collection arrangements, approved by the Board, are in place.
- I must only use pathology request forms provided by my case officer and I must not self-refer for drug screening.
- I must keep the head hair to be sampled at no less than 3cm length.
- I must accurately complete a Drug Information Sheet to accompany each urine or hair drug screen.
- I am responsible for ensuring the collector completes a Chain of Custody form at the time of sample collection.
- I must present photographic identification to the collector for each urine or hair drug screen.
- in relation to urine drug screening:
  - a. I must telephone the UDS telephone number each day
  - b. I know which screening group and frequency at which I must undertake urine drug screening
  - c. I must contact my Ahpra case officer in the event of a failure of the UDS telephone number
  - d. Collection of urine samples must occur under Level 1 supervision
  - e. In the event of a UDS result which indicates the presence of one or more substances, further confirmatory testing may be required, at my expense, and
  - f. A urine sample will be considered dilute when it does not meet the requirements of the Drug and Alcohol Screening Protocol.

- a urine or 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 urine or hair drug screen.

Signature	Date
<input type="text"/>	<input type="text"/>

**When completed, return this form to:**

Case officer	<b>Ahpra</b> <b>GPO Box 9958</b> <b>IN YOUR CAPITAL CITY</b> ( <i>refer below</i> )
Email	Sydney NSW 2001    Canberra ACT 2601    Melbourne VIC 3001 Brisbane QLD 4001    Adelaide SA 5001    Perth WA 6001 Hobart TAS 7001    Darwin NT 0801



Undertake urine and hair drug screening

**Practitioner's declaration of current substances****Practitioner's details**

Name  Monitoring & compliance number

**Prescribed medications**

The following substances are all the current substances prescribed, approved and/or administered to me:

**Substance 1**  Dose

Frequency  Number of repeats  Date of last prescription

Name of prescribing practitioner

Place of practice of prescribing practitioner

Contact number  Email

**Substance 2**  Dose

Frequency  Number of repeats  Date of last prescription

Name of prescribing practitioner

Place of practice of prescribing practitioner

Contact number  Email

**Substance 3**

Dose

Frequency

Number of repeats

Date of last prescription

Name of prescribing practitioner

Place of practice of prescribing practitioner

Contact number

Email

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**Substance 4**

Dose

Frequency

Number of repeats

Date of last prescription

Name of prescribing practitioner

Place of practice of prescribing practitioner

Contact number

Email

---

**Substance 5**

Dose

Frequency

Number of repeats

Date of last prescription

Name of prescribing practitioner

Place of practice of prescribing practitioner

Contact number

Email

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**Attach additional pages if more substances need to be declared.**

**Practitioner’s declaration**

**By checking the following boxes and signing this form, I acknowledge and confirm that I understand:**

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- the conditions on my registration requiring urine and 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.
- that, for the purpose of the conditions on my registration requiring urine and hair drug screening, ‘substance’ is defined as any illicit substance as well as any prescription only or any controlled drug or medication as contained in Schedule 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>.
- the information above 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.
- 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).
- for the purposes of monitoring my compliance with the condition on my registration requiring urine and 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.

<p>Signature</p> <div style="border: 1px solid black; height: 50px;"></div>	<p>Date</p> <div style="border: 1px solid black; height: 20px;"></div>
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<b>When completed, return this form to:</b>		
<p>Case officer</p> <div style="border: 1px solid black; height: 25px;"></div>	<p><b>Ahpra</b> <b>GPO Box 9958</b> <b>IN YOUR CAPITAL CITY</b> (<i>refer below</i>)</p>	
<p>Email</p> <div style="border: 1px solid black; height: 25px;"></div>	Sydney NSW 2001 Brisbane QLD 4001 Hobart TAS 7001	Canberra ACT 2601 Adelaide SA 5001 Darwin NT 0801
	Melbourne VIC 3001 Perth WA 6001	