

FEDERAL RAILROAD ADMINISTRATION

POST-ACCIDENT TOXICOLOGICAL TESTING INSTRUCTIONS



Instructions for:

- 1. Railroad Representative**
- 2. Railroad Employee (3 copies)**
- 3. Collection Facility**
- 4. Blood Collector with sample form**
- 5. Urine Collector with sample form**
- 6. Medical Examiner (Fatality only)**

**U. S. Department of Transportation
February 1995**

INSTRUCTIONS FOR RAILROAD REPRESENTATIVE

1. Before starting the collection process, check to ensure that required materials are contained in the FRA toxicology shipping box and are usable. There is a content listing at paragraph eleven (11). If you find problems, it is permissible to mix supplies and materials from more than one box or to replace the entire box as necessary.

Remember, each FRA Toxicology shipping box contains materials and forms for three (3) collections. If the accident/incident involves a larger group, obtain more boxes. If one or more individuals to be tested are in a different location (such as in a post-mortem situation), a separate box may be used.

2. Separate and remove the **INSTRUCTIONS FOR RAILROAD REPRESENTATIVE** (Pages 1-2).
3. Separate and remove the three (3) copies of **INSTRUCTIONS FOR THE EMPLOYEE** from the set and distribute one copy to each employee who will be tested (Page 3, 3 Sets).
4. Remove the form **FRA F 6180.73, ACCIDENT INFORMATION REQUIRED FOR POST-ACCIDENT TOXICOLOGICAL TESTING** from the shipping box. Complete ITEM 7 to qualify the event for FRA testing. (NOTE: If you are unable to complete Item 7, **DO NOT** proceed with the collection activity until you are able to complete this item).
5. Present the shipping box along with all remaining instructions (**COLLECTION FACILITY, COLLECTOR OF BLOOD SPECIMENS, ETC.**) to a representative of the collection facility who will be responsible for collection of specimens.
 - Ask the collection facility representative to read the **INSTRUCTIONS FOR COLLECTION FACILITY** (or, **INSTRUCTIONS FOR COLLECTION OF POST MORTEM TOXICOLOGY SAMPLES** in cases where an employee has been killed).
 - Inform the collection facility representative that you are the railroad's designated representative, and that questions or concerns should be directed to you.
 - **REMIND** the collection facility representative that you must include the form **FRA F 6180.73** (which you are to complete) in the shipping box before they seal it for shipment.
6. Verify or affirm the identity of each employee upon request by the collection facility.
7. Consistent with the policy of the collection facility, monitor the progress of the collection procedure. Note any discrepancies or unusual circumstances for your records.

WARNING: Monitor but **DO NOT** directly observe urination or otherwise disturb the privacy of urine or blood collection. **DO NOT** handle specimen containers, bottles or tubes (empty or full). **DO NOT** become part of the collection process.

8. Complete the remainder of form **FRA F 6180.73, Accident Information Required for Post-Accident Toxicological Testing**. A completed "sample" of the accident information form is at page 23 of these instructions.
 - Fill in all items on the accident information Form (**FRA F 6180.73**).
 - Note that for Item 10, you must record the sample set identification numbers (pre-printed on each form **FRA F 6180.74**), for each employee tested. (NOTE: Be sure to match the correct identification number with the appropriate employee name.)
 - In Item 11, provide the name, address, and telephone number of the railroad's Medical Review Officer (to whom the laboratory is to send test results).
 - In Item 17, mark whether a breath alcohol test was or was not conducted pursuant to this accident under FRA authority. If a copy of the breath alcohol test form, with results, is available, please attach it to this form. **DO NOT** delay this testing process to get the form.
 - When all information on the form **FRA F 6180.73** has been completed, give the FRA, Laboratory and Collection Site copies to the collection facility representatives. Inform them the FRA and Laboratory copies, but not the Collection Site copy, must be included in the shipping box before sealing it. As the railroad representative, you should make

- proper distribution of the Medical Review Officer and Employer copies. The collection site retains their own copy.
9. It is the **RAILROAD'S** responsibility to arrange for express or overnight transportation of the sealed shipping box holding the kit(s) that contain specimens to the FRA designated laboratory. If possible, ask the collection facility to contact the express courier directly for pick-up at the collection site.

If the railroad is to transport the sealed shipping box from the collection facility to point of shipment:

- Ensure that the medical personnel responsible for the collections have sealed all of the individual employee specimen kit(s) and placed all kits (used and unused) in the shipping box. Ask the medical facility representative to seal the shipping box in accordance with FRA instructions. When properly packed and sealed, the railroad may take possession of the sealed shipping box.
 - The railroad representative can only be given charge of a sealed shipping box. Therefore, the railroad representative is not to sign or be named in STEP 5 of the Post-Accident Testing Blood, Urine Custody and Control Form **FRA F 6180.74** except when it is known in advance that the collection site will not give the sealed box directly to the courier service. Only in this case is the collector to enter the representative's name as receiving the sealed box. Then the collector should have the railroad representative sign under his/her printed name.
 - The railroad shall limit the number of persons handling the sealed shipping box to the minimum necessary to provide for transportation.
 - Each railroad representative who handles the shipping box until delivery to the express courier shall create and implement a documented chain of custody in a format that has been devised and maintained by the representative railroad. This documentation shall be made available to FRA on request. There is no particular form format designated to meet this requirement.
 - When unable to deliver immediately to the express courier for shipment, maintain the shipping box in secure temporary storage (refrigerated if possible).
10. All costs associated with collection activity and shipment are to be borne by the railroad.
11. Each shipping box (marked "FRA Post Accident Shipping Box") contains the following:

ONE plastic zip-lock bag that includes:

- * One set of collection instructions for the railroad representative, three (3) railroad employees, the collection facility, blood/urine collector(s), and medical examiner (if required);
- * **One Form FRA F 6180.73, Accident Information Required for Post-Accident Toxicological Testing;**
- * **Three Forms FRA F 6180.74, Post-Accident Testing Blood/Urine Custody and Control Form.** Each form also has sealing labels for the urine bottles, the blood tubes, and individual specimen kit.
- * **One shipping box seal;**
- * **Three packets of blue dye tablets (for the toilet or other standing water);**
- * **One shipping box mailing label addressed to the FRA designated laboratory.**

THREE individual employee specimen kits (marked "FRA Post Accident Kit".) Each kit contains:

- * **Two 90 ml urine specimen bottles with caps and one biohazard bag (with absorbent) enclosed in a heat-seal bag;**
- * **One urine collection cup with temperature device affixed also enclosed in a heat-seal bag;**
- * **Two 10 ml gray-top evacuated blood tubes (containing potassium oxylate and sodium fluoride as a preservative) in a sponge holder.**

INSTRUCTIONS FOR THE EMPLOYEE

You have been identified for FRA post-accident toxicological testing. FRA rules require that you cooperate during the collection procedure as required by the railroad and personnel of the collection facility. Refusal to cooperate shall result in removal from covered service for a minimum of nine months [49 CFR 219.213(a)].

1. You will be asked to provide photo identification. If you have none available, the railroad representative may affirm your identity to the collector.
2. A collector will ask you to complete STEP 1 of the **Post-Accident Testing Blood/Urine Custody and Control Form (FRA F 6180.74)**. Note, also, that the **Sample Set Identification Number** printed at the top right of your Control Form appears on each of the four custody seals [blood (2), and urine (2)] affixed to the back page of the form.
3. STEP 1 of the Control Form requires that you enter your home address. This is the location to which the laboratory will send your testing results.
4. To draw the blood sample, a qualified medical professional or technician will use a single-use sterile syringe with two gray-stoppered vacuum blood tubes. You should be seated for this procedure. The material you see in the bottom of each tube is a preservative placed there by the manufacturer. It does not impact the testing process or results. Upon completing the draw, the collector will apply blood tube custody seals over each tube stopper and ask you to initial each seal.
5. In preparation for the urine collection, the collector will ask you to wash your hands.
6. Upon securing the urine collection area, the collector will unwrap in your presence (or ask you to unwrap) a plastic collection cup for you to use. You will be afforded the privacy of an enclosure and will not be observed directly.
7. Upon voiding your urine into the collection container, leave the enclosure and deliver the container to the collector.
8. The collector must check the specimen for signs of dilution or adulteration, and check the temperature. The collector will then remove the wrapper from the two 90 ml specimen bottles and transfer the urine from the collection container into the specimen bottles (at least 30 ml in bottle A and at least 15 ml in bottle B). The collector will apply the urine bottle custody seals and ask you to initial the seals.
9. The blood and urine specimens you provide should not leave your sight until they have been properly sealed and you have initialed each seal. You should monitor the collections to ensure that the blood and urine samples are properly identified with your sample set identification number and were sealed in your presence.
10. At this point you will be asked to certify the statement in STEP 4 of the Control Form.
11. If required by the collection facility, complete a separate consent form for taking of the samples and their release to FRA for analysis under the FRA rule. However, you are not required to waive any rights you may have in the employment relationship or to release or hold harmless the collection facility with respect to negligence in the collection.

NOTICE TO EMPLOYEE

Use of your Social Security Number (SSN) is not required by law and is voluntary. If you do not use your SSN, however, you must use an employee identification number that is known to your employer.

INSTRUCTIONS FOR COLLECTION FACILITY

These instructions describe Federal Railroad Administration (FRA) procedures to collect blood and urine samples required by law for mandatory post-accident toxicological testing. Specimens must be collected at an independent medical facility not under the control of a railroad. Federal regulations require that employees provide blood and urine specimens unless precluded by injury or medical reasons.

Title 49 Code of Federal Regulations, Part 219, Subpart C, specifies the events which require testing. Further information may be obtained by contacting a designated railroad representative.

1. A railroad representative will provide you the FRA post-accident toxicology materials necessary to collect blood and urine specimens. Each shipping box provided contains all administrative forms, instructions, and supplies necessary for collection and transfer of blood and urine specimens for up to three surviving employees. The railroad is responsible for ensuring that all collection materials meet FRA requirements.
2. FRA toxicology supplies in each box are listed in the **INSTRUCTIONS FOR RAILROAD REPRESENTATIVE** which are part of this instruction packet (Page 2).
3. Collection instructions for blood and urine are provided and must be followed. FRA requests that, when possible, you collect blood before urine. Please give the instructions for collecting blood/urine to the appropriate collector(s). A collector is only allowed to collect from one employee at a time.
4. Once the blood and urine specimens for a donor have been collected and labeled, individual employee kits should be sealed by one of the collectors. Please remember that when a collector transfers the specimens to someone for any reason (including package for shipment), an entry on the Post-Accident Testing Blood/Urine Custody and Control Form (FRA F 6180.74) is required. A completed "sample" form for a two collector (blood and urine) event is on page 14 of this instruction manual.
5. Sealed individual employee kits should be retained in secure storage if there will be a delay in preparation of the shipping box.
6. A collection facility representative is requested to prepare all the kits (used and unused) for shipment as follows:
 - When the individual employee kits are ready for shipment, verify that each kit's custody seals are intact and there are no apparent leaks from the bottles or tubes.
 - Inspect **STEP 5** of each Custody and Control Form (FRA F 6180.74) to ensure custody is continuous and complete for each fluid. Each form requires an entry showing the specimen set as released by a collection facility person to a courier (see "Sample" completed form on page 14). Names of individual courier personnel are not required (only the specific courier service name such as "ABC Express" is necessary). Since the railroad representative may not have custody of an unsealed shipping box, he or she should not be on the chain of custody, except when the collection site will not give the sealed box directly to the courier service. The collection site should then enter the representative's name as receiving the sealed box and the representative should sign under his/her printed name.
 - For each employee who received medical treatment or medication, please record the applicable information in **STEP 6** of the Custody and Control Form. Also, in **STEP 6**, please mark whether the employee was administered an FRA breath alcohol test pursuant to the accident (check with the railroad representative). Such a test is not mandatory.
 - Retain the collection facility copy of each Custody and Control Form (FRA F 6180.74) and the Accident Information Form (FRA F 6180.73) for your records. Give the Medical Review Officer (MRO) and employee copies to the railroad representative. Place all remaining copies, along with any unused forms, into the plastic zip-lock bag and seal the bag securely.

- Retain the shipping box seal and mailing label for later use.
 - Place into the shipping box the following:
 - o all sealed individual employee kits,
 - o all unused individual employee kits,
 - o all forms, completed or blank, in the zip-lock bag.
 - Apply the shipping box seal over the closure to secure the shipping box.
 - Apply the mailing label to the outside of the shipping box. This is required even though the express courier may have a separate shipping label. If the shipping kit already has a mailing label affixed that was used to mail the unused box to you, make sure you place the mailing label to the laboratory over the top of the old address label.
7. The railroad must arrange to have the box shipped overnight air express or (if express service is unavailable) by air freight prepaid, to FRA's designated laboratory. When possible, but without incurring delay, the collection facility representative should deliver the shipping box directly to the express courier or air freight representative.
 8. When courier pick-up is not immediately available at the collection facility, the railroad is required to transport the shipping box for immediate shipment by air express, air freight, or equivalent means.
 9. When transferring custody of the sealed shipping box to the railroad for shipment, and the railroad representative's name is **NOT** on the Chain of Custody FRA F 6180.74, please record the name of the receiving railroad official on your copy of the Accident Information Form (FRA F 6180.73).

PAPERWORK REDUCTION ACT

The Paperwork Reduction Reauthorization Act of 1986 amended the Paperwork Reduction Act of 1980 by requiring agencies to place a notice on each collection of information of the estimated average burden hours per response, together with a request that respondents direct to the agency and the Office of Management and Budget (OMB) any comments they may have on the accuracy of the estimated time and/or any suggestions for reducing the burden. Congress' objective in making this amendment is to facilitate agency management of its collection of information, to reduce paperwork burdens on the public, and to encourage more meaningful public participation in the Federal paperwork review process. The Federal Railroad Administration believes that the following notice meets this requirement.

Public reporting burden for this collection of information is estimated to average 15 minutes per response. This estimate includes time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden to Office of Safety, Federal Railroad Administration, 400 Seventh Street, S.W., Washington, D.C. 20590, and to the Office of Management and Budget, Information and Regulatory Affairs, FRA Desk Office (2130-0526), Washington, D.C. 20503.

INSTRUCTIONS FOR COLLECTOR OF BLOOD SPECIMENS

These instructions describe procedures to collect blood samples that are required for post-accident toxicological testing by the Federal Railroad Administration (FRA).

Employees subject to mandatory post-accident testing have consented to providing specimens for analysis by the FRA as a condition of employment [49 CFR 219.11(a)].

1. You should use a single Post-Accident Testing Blood/Urine Custody and Control Form (FRA F 6108.74), known as the Custody and Control Form, for each employee. The Control Form consists of six steps necessary to complete the collection.
2. A private, controlled area should be designated for collection of specimens and completion of paperwork.
3. Only one specimen should be collected at a time, with each employee's blood draw having your complete attention until the specific sample has been labeled, sealed, and documented on the Custody and Control Form.
4. Please remember two critical rules for the collections:
 - All labeling and sealing must be done in the sight of the donor. The samples may never leave the donor's presence until after the samples have been labeled, sealed, and initialed by the donor.
 - Continuous custody and control of blood and urine samples must be maintained and documented on the Control Form. In order to do this, the paperwork and the specimens must stay together.
5. To the extent practical, blood collection should take priority over urine collection. To limit steps in the chain of custody, whenever possible, a single medical professional or technician should handle both collections from a given employee. If a single collector is used, it is permissible to collect blood from one employee at a time, and then collect urine, one employee at a time.
6. The employee donor must provide photo identification to you or, lacking this, be identified by the railroad representative.
7. The donor should remove all unnecessary outer garments such as coats or jackets, but may retain valuables, such as their wallet. Donors should not be asked to disrobe, unless necessary for a separate ongoing physical examination required by the attending physician.
8. Assemble the materials for collecting blood from one employee including two 10 ml gray-stoppered blood tubes and the Custody and Control Form (FRA F 6180.74).
9. Ask the donor to complete STEP 1 on the Control Form.
10. With the donor seated, draw two (2) 10 ml tubes of blood using standard medical procedures (sterile, single-use syringe into the evacuated gray-top tubes provided). REMINDER: DO NOT USE ALCOHOL OR AN ALCOHOL-BASED SWAB to cleanse the venipuncture site.
11. Once both tubes are filled and the site of venipuncture is protected, have the employee verify that the preprinted sample set identification number on the seals matches what appears at the TOP RIGHT of the Control Form and immediately --
 - Seal each tube by placing a blood tube custody seal with the donor's Sample Set Identification Number (preprinted) over the top of the tube and securing it down the sides. The seals are found on the back page of the Control Form.
 - Ask the donor to initial each seal.
 - Date each blood tube custody seal at the place provided.

- Go to STEP 5 of the Control Form and initiate custody for the blood tubes by recording the date, placing a mark under the type of fluid for "Blood", then signing and printing your name as the receiver.

STEP 5. COMPLETED IN SEQUENCE BY COLLECTORS AND OTHERS TAKING POSSESSION OF SPECIMENS (Including Laboratory)					
DATE MO. DAY YR.	SPECIMEN RELEASED BY	TYPE OF FLUID(S)		SPECIMEN RECEIVED BY	PURPOSE OF CHANGE
		BLOOD	URINE		
12/15/94	DONOR- NO SIGNATURE	X		Signature <i>Douglas L. Allen Jr.</i> Name Douglas L. Allen Jr.	PROVIDE SPECIMEN FOR TESTING
1/1	Signature _____ Name _____			Signature _____ Name _____	

- Return to STEP 2 on the Control Form and complete all the required entries.
- Return the sealed blood tubes into the sponge liner of the individual employee kit. Keep the Control Form and specimens together. If another collection facility representative will be collecting the urine sample from this employee, transfer both the Control Form and the individual kit with blood tubes to that person. Record the transfer of blood tubes on the second line of STEP 5: Enter the date; sign and print your name in the "Specimen Released By" block; place a mark in the "Blood" block; have the urine collector sign and print his/her name in the "Specimen Received By" block as receiving the blood specimen, and record in the "Purpose of Change" block the phrase "Transfer to Urine Collector".

STEP 5. COMPLETED IN SEQUENCE BY COLLECTORS AND OTHERS TAKING POSSESSION OF SPECIMENS (Including Laboratory)					
DATE MO. DAY YR.	SPECIMEN RELEASED BY	TYPE OF FLUID(S)		SPECIMEN RECEIVED BY	PURPOSE OF CHANGE
		BLOOD	URINE		
12/15/94	DONOR- NO SIGNATURE	X		Signature <i>Douglas L. Allen Jr.</i> Name Douglas L. Allen Jr.	PROVIDE SPECIMEN FOR TESTING
12/15/94	Signature <i>Douglas L. Allen Jr.</i> Name Douglas L. Allen Jr.	X		Signature <i>Dan Norris</i> Name Dan Norris	Transfer to Urine Collector

12. If the blood and urine collections have been conducted in reverse order, the individual employee kit should now be ready for sealing. In this event, see instructions for sealing the box contained in INSTRUCTIONS FOR COLLECTOR OF URINE SPECIMENS (Page 9, see "NOTICE").

INSTRUCTIONS FOR COLLECTOR OF URINE SPECIMEN

These instructions describe procedures to collect a urine sample that is required for post-accident toxicological testing by the Federal Railroad Administration (FRA).

Employees subject to mandatory post-accident testing have consented to providing specimens for analysis by the FRA as a condition of employment [49 CFR 219.11(a)].

1. You should use a single Post-Accident Testing Blood/Urine Custody and Control Form (FRA F 6108.74), known as the Custody and Control Form, for each employee. The Control Form consists of six steps to complete the collection.
2. A private, controlled area should be designated for collection of the specimen and completion of paperwork.
3. Only one specimen should be collected at a time; with each employee's urine collection having your complete attention until the specific sample has been labeled, sealed, and documented on the Custody and Control Form.
4. Please remember two critical rules for the collection:
 - All labeling and sealing must be done in the sight of the donor. The samples may never leave the donor's presence until after the samples have been labeled, sealed and initialed by the donor.
 - Continuous custody and control of blood and urine samples must be maintained and documented on the Control Form. In order to do this, the paperwork and the specimens must stay together.
5. To the extent practical, blood collection should take priority over urine collection. To limit steps in the chain of custody, whenever possible, a single medical professional or technician should handle both collections from a given employee. If a single collector is used, it is permissible to collect blood, one employee at a time, and then collect urine, one employee at a time.
6. The employee donor must provide photo identification to you or, lacking this, be identified by the railroad representative.
7. The donor should remove all unnecessary outer garments such as coats or jackets, but may retain valuables, such as their wallet. Donors should not be asked to disrobe, unless necessary for a separate ongoing physical examination required by the attending physician.
8. Assemble the materials for collecting urine for one employee including one plastic collection container (with protective wrapping intact), two 90 ml polyethylene specimen bottles (with protective wrapping intact), and the Control Form (FRA F 6180.74). Blood samples already collected must have been received by you, documented as such on the Control Form, and must remain in your custody and control during this procedure.
9. After requiring the employee to wash his/her hands, escort the employee directly to the urine collection area. To the extent practical, all sources of water in the collection area should be secured and the supplied bluing agent placed in any toilet bowl, tank, or other standing water.
10. The employee will be provided a private place in which to void. Urination will not be directly observed. If the enclosure contains a source of running water that cannot be secured or any material (soap, etc.) that could be used to adulterate the specimen, the collector should directly monitor the provision of the sample from outside the enclosure. Any unusual behavior or appearance should be noted in the "Remarks" section in STEP 3 of the Control Form.
11. Unwrap the collection cup in the employee's presence and hand it to the employee (or allow the employee to unwrap it).
12. Ask the employee to void at least 60 ml into the collection cup (at least to the line marked) and leave the private enclosure. If there is a problem with urination or sample quantity, see the "Trouble Box" at the end of these instructions (Page 12).
13. When the void is complete, the employee has been instructed to deliver the specimen directly to you. Check the temperature when the employee gives you the collection cup.

Within 4 minutes after the void, check the temperature of the urine by reading the temperature strip on the collection cup. Mark the result at STEP 3 of the Control Form. If there is a problem with the urine sample temperature (it is below 90° or above 100°), see the "Trouble Box" at the end of these instructions (Page 12).
14. You must immediately proceed with the employee to the labeling/sealing area, with the specimen never leaving the employee's sight until it is sealed and labeled.
15. In full view of the employee, remove the wrapper from the two (2) urine specimen bottles. Pour the urine into the specimen bottles (at least 30 ml in bottle A and at least 15 ml in bottle B), and inspect for any unusual signs indicating possible adulteration or dilution. Carefully secure the tops. Note any unusual signs in the "Remarks" block in STEP 3 of the Control Form.

16. Before removing the urine bottle custody seal (attached on the back of the control form), have the employee verify that the pre-printed sample set identification number on the seals matches what appears at the TOP RIGHT of the Control Form.
17. Remove the urine bottle custody seals from the Control Form, place a seal over the top of each bottle, and secure the seal to the bottle's sides.
18. Ask the donor to initial the seals.
19. Date the urine bottle custody seals.
20. Go to STEP 5 of the Control Form and initiate custody by showing receipt of the urine samples from the donor. (If you also collected the blood, a check under "urine" will suffice.) If someone else collected the blood, first make sure transfer of the blood to you is documented. Then, using the next available line, enter the date; write "Donor" in the "Specimen Released By" block; place a mark in the "Urine" block; sign and print your name in the "Specimen Received By" block as receiving the urine specimen, and record in the "Purpose of Change" block the phrase "Provide Specimen".

STEP 5. COMPLETED IN SEQUENCE BY COLLECTORS AND OTHERS TAKING POSSESSION OF SPECIMENS (Including Laboratory)					
DATE MO. DAY YR.	SPECIMEN RELEASED BY	TYPE OF FLUID(S)		SPECIMEN RECEIVED BY	PURPOSE OF CHANGE
		BLOOD	URINE		
12/15/94	DONOR- NO SIGNATURE	X		Signature <i>Douglas L. Allen Jr.</i> Name Douglas L. Allen Jr.	PROVIDE SPECIMEN FOR TESTING
12/15/94	Signature <i>Douglas L. Allen Jr.</i> Name Douglas L. Allen Jr.	X		Signature <i>Dan Norris</i> Name Dan Norris	Transfer to urine Collector
12/15/94	Signature Name Donor		X	Signature <i>Dan Norris</i> Name Dan Norris	Provide Specimen

21. Return to STEP 3 on the Control Form and complete all required entries.
22. Have the employee complete STEP 4 on the Control Form.
23. Place the sealed urine bottles into the individual employee kit. Keep the paperwork and specimens together. If another medical facility representative will subsequently collect the blood sample from this employee, transfer both the form and the kit to that person, showing the transfer of the urine specimens on the next available line of STEP 5. Enter the date; sign and print your name in the "Specimen Released By" block; place a mark in the "Urine" block; have the blood collector sign and print his/her name in the "Specimen Received By" block as receiving the urine specimen, and record in the "Purpose of Change" block the phrase "Transfer to Blood Collector". See example page 7.

NOTICE: Perform this next step only when you have custody of both the blood and urine or when all collection of the individual's available fluids is completed.

24. Before sealing the individual employee kit, check to assure each specimen is properly labeled, initialed, and secured. **DO NOT** place FRA forms in the individual employee kit. Close the biohazard bag containing the kit contents, close the kit, and apply the kit custody seal to the individual employee kit. Sign and date the kit custody seal.
25. Complete the next line in STEP 5 of the Control Form: Enter the date; sign and print your name in the "Specimen Released By" block; place a mark in both the "Blood" and the "Urine" blocks; print the name of the express courier service and invoice number (when known) or railroad representative that will provide transportation of the shipping box and record in the "Purpose of Change" block the phrase "Shipment to Lab". If the collection facility will not provide transportation to the lab and the railroad representative has to make other arrangements, he/she should sign for the specimen in the "Specimen Received By" block.

STEP 5. COMPLETED IN SEQUENCE BY COLLECTORS AND OTHERS TAKING POSSESSION OF SPECIMENS (Including Laboratory)					
DATE MO. DAY YR.	SPECIMEN RELEASED BY	TYPE OF FLUID(S)		SPECIMEN RECEIVED BY	PURPOSE OF CHANGE
		BLOOD	URINE		
12 15/94	DONOR- NO SIGNATURE	X		Signature <i>Douglas L. Allen Jr.</i> Name Douglas L. Allen Jr.	PROVIDE SPECIMEN FOR TESTING
12 15 94	Signature <i>Douglas L. Allen Jr.</i> Name Douglas L. Allen Jr.	X		Signature <i>Dan Norris</i> Name Dan Norris	Transfer to urine collector
12 15 94	Signature Name Donor		X	Signature <i>Dan Norris</i> Name Dan Norris	Provide Specimen
12 15/94	Signature <i>Dan Norris</i> Name Dan Norris	X	X	Signature Name ABC Courier Service	Shipment to lab

INSTRUCTIONS FOR COLLECTION OF POST MORTEM TOXICOLOGY SAMPLES: EMPLOYEE KILLED IN A RAILROAD ACCIDENT/INCIDENT

TO THE MEDICAL EXAMINER, CORONER, OR PATHOLOGIST:

To comply with safety regulations mandated by the Federal Railroad Administration (FRA), Title 49, Code of Federal Regulations, Part 219, a railroad representative has requested that you obtain samples for toxicological analysis from the remains of a railroad employee who was killed in a railroad accident. The deceased employee consented to the taking of such samples, as a matter of Federal law, by performing covered service on the railroad (49 CFR 219.11(f)).

Your assistance is requested in carrying out this program of testing, which is important to protect the public and railroad employee safety.

Materials:

The railroad will provide you a FRA Post-Accident Shipping Box. Although this box contains three identical specimen kits designed to collect blood and urine specimens from surviving employees, the containers and labels may also be used for post mortem collections. If the materials are not immediately available or are inappropriate in your professional judgement, please proceed using supplies available to you that are suitable for forensic toxicology.

Samples Requested, in Order of Preference:

- (1) Blood – 20 milliliters or more. Preferred sites: intact femoral vein or artery or peripheral vessels (up to 10 ml, as available) and intact heart (20 ml). Deposit blood in gray-stopper tubes mark individually by collection site, and shake to mix specimen and preservative.

Note: If uncontaminated blood is not available, bloody fluid or clots from the body cavity may be useful for qualitative purposes. DO NOT label these types of specimens as blood. Instead, indicate the source and identity of the sample on the label of the tube.

- (2) Urine – as much as 60 milliliters, if available. Deposit into the plastic bottle provided.
- (3) Vitreous fluid – all available, deposited into smallest available tube (e.g., 3 ml) with 1% sodium fluoride, or a gray-stopper tube (provided). Shake to mix specimen and preservative.
- (4) If available at autopsy, organs – 50 to 100 grams each of two or more of the following in order of preference, and as available: brain, kidney, liver, bile, spleen, and/or lung. Specimens should be individually deposited into zip-lock bags or other clean, single use containers suitable for forensic toxicology specimens.
- (5) If vitreous fluid or urine is not available, please provide –
 - a. Spinal fluid – all available, in 10 ml container (if available) with sodium fluoride or in gray-stopper tube; or, if spinal fluid cannot be obtained,
 - b. Gastric contents – up to 60 milliliters, as available, into a plastic bottle.

Sample Collection:

Sampling at time of autopsy is preferred so that percutaneous needle puncturing should not be necessary. However, if an autopsy will not be conducted or is delayed, please proceed with sampling.

Blood samples should be taken by sterile syringe and deposited directly into an evacuated tube, if possible, to avoid contamination of the sample or dissipation of a volatile (ethyl alcohol).

Note: If only cavity fluid is available, please open cavity to collect the sample. Document condition of the cavity.

Please use the smallest tubes appropriate to accommodate the available quantity of fluid sample (with 1% sodium fluoride) as a preservative.

Sample Identification, Sealing:

As each sample is collected, seal each blood tube and each urine container using the respective blood tube or urine bottle custody seals from the set provided with the Post Accident Testing Blood/Urine Custody and Control Form (FRA F 6180.74). Make sure the preprinted identification number on these seals match the pre-printed number on the Control Form. Label other specimens with name and sample set identification numbers. You can use labels and seals from any of the extra forms, but annotate them accordingly.

Annotate each label with sample description and source as appropriate (e.g., blood, femoral vein, liver).

Please provide a copy of any documentation regarding condition of the body and/or toxicology sampling procedure that is available at the time samples are shipped.

Handling:

If samples cannot be shipped immediately as provided below, samples other than blood may be immediately frozen. Blood samples should be refrigerated, but not frozen.

All samples and documentation should be secured from unauthorized access pending delivery for transportation.

Filling out the Control Form:

If the railroad has not already done so, please place the name of the subject employee at the top of the Control Form (STEP 1). You are requested to complete STEP 2 of the form, annotating it by writing the word "FATALITY" (under "Remarks"), listing the specimens provided (under "Supplemental Information"), and providing any further information under "Remarks" or at the bottom of the form. If it is necessary to transfer custody of the specimens from the person taking the specimens prior to preparing the kit for shipment, please use the blocks provided in STEP 5 to document transfer of custody.

The railroad representative will also provide form FRA F 6180.73, Accident Information Required for Post-Accident Toxicological Testing (49 CFR Part 219). Both forms should be placed in the shipping kit when completed; you may retain the designated collection/medical facility copy of each form for your records.

Packing the Shipping Box:

Place the urine bottles and blood tubes in the sponge liner in the individual kit, close the biohazard bag zipper, close the kit, and apply the kit custody seal to the kit. You may use additional kits as necessary for one or more tissue samples, being careful to identify each specimen by tissue, name of deceased, and specimen set identification number. Apply kit custody seals to individual kits and initial across all seals.

Place all forms in the zip-lock bag and seal securely. Place the bag in the shipping box. Do not put forms in with the specimens. Seal the shipping box with the seal provided and initial and date across the seal.

Affix the mailing label to the outside of the box.

Shipping the Specimen(s):

The railroad must arrange to have the box shipped overnight air express or (if express service is unavailable) by air freight, prepaid, to FRA's designated laboratory. When possible, but without incurring delay, the sealed shipping box should be delivered by the collection facility directly to the express courier or the air freight representative.

If courier pick-up is not immediately available at your facility, the railroad is required to transport the sealed shipping box to the nearest point of shipment via air express, air freight, or equivalent means.

If the railroad receives the sealed shipping box to arrange shipment, please record under "Supplemental Information" on the Control Form the name of the railroad official taking custody.

Other Toxicology:

FRA requests that the person taking the specimen annotate the Control Form under "Supplemental Information" if additional toxicological analysis will be undertaken with respect to the fatality. FRA toxicology reports are available to the coroner or medical examiner on request.



U.S. Department
of Transportation
Federal Railroad
Administration

ACCIDENT INFORMATION REQUIRED FOR POST-ACCIDENT TOXICOLOGICAL TESTING (49 CFR PART 219)

NOTE: This form must be completed by the Railroad Representative present at the collection facility.

1. Name of Reporting Railroad ABC Railroad Inc.	2. Name(s) of Other Railroads Involved in Accident None
3. Date of Accident (month/day/year) 2/28/95	4. Time of Accident 2 Hr : 15 Min <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM
5. Locations of Accident (City and State) Silver Spring, Md.	6. Nearest Railroad Station Washington D.C.

7. Event which Qualifies Accident for Mandatory Post-Accident Testing (one must be checked)

NOTE: All accident events (not incidents) must meet the railroad property damage reporting threshold.

MAJOR TRAIN ACCIDENT: Fatality
 \$1,000,000 damage or more (to railroad property)
 Release of hazardous material (and evacuation)
 Release of hazardous material (and reportable injury from product)

IMPACT ACCIDENT: Reportable injury
 Damage of \$150,000 or more (to railroad property)

PASSENGER TRAIN ACCIDENT: Reportable injury to any person in the accident

TRAIN INCIDENT: Fatality to on-duty railroad employee

8. Name and Address of Collection Facility Real Pro Collection 137 East/West Hwy Washington D.C. 20904	9. Telephone Number of Collection Facility 202 366-0127
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10. Employee(s) Whose Samples are Contained in this Shipping Box.

NOTE: A sample set identification number is pre-printed on FRA Form 6180.74 and differs for each person.

NAME OF EMPLOYEE	JOB TITLE (engineer, conductor, etc.)	TRAIN DESIGNATION	SAMPLE SET IDENTIFICATION NUMBER
John E. Doe	Engineer	0167FG	10000627
John X. Smith	Conductor	0167FG	10000628

11. Name of Medical Review Officer Dr. Frank B. Able	12. Address of Medical Review Officer 227 Glebe Rd. Falls Church, Va. 21062 Telephone: (703) 267-1234
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13. Name of Railroad Representative Don Allen Trainmaster	14. Address of Railroad Representative 126 moon St Washington DC 21067 Telephone: 202) 367-1234
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15. Signature of Railroad Representative Don Allen	16. Date (month/day/year) 2/28/95	17. Was a breath alcohol test conducted pursuant to the above accident under FRA Authority? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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"TROUBLE BOX"

1. **PROBLEM:** The employee claims an inability to urinate, either because of a recent void or because of anxiety concerning the collection.

RECOMMENDED ACTION: The employee may be offered moderate quantities of liquid to assist urination. If he/she continues to claim inability to provide sufficient quantity after four (4) hours, the urine collection should be discontinued. All of the blood samples and any amount of urine collected should then be forwarded to the laboratory and all other procedures followed. Record employee explanations in "Remarks" of STEP 3 on the Control Form.

2. **PROBLEM:** The employee cannot produce approximately 60 ml of urine.

RECOMMENDED ACTION: The employee should remain at the medical facility up to 4 hours until as much as possible of the required urine amount can be produced. The donor should be offered moderate quantities of liquids to assist urination. The initial urine collection should be placed in a specimen bottle, sealed, and securely stored with the blood tubes and Control Form pending shipment. For any subsequent void, a second collection container should be used (along with a second Control Form using the words "SECOND VOID—FIRST SAMPLE INSUFFICIENT" in the "Remarks" block in STEP 3. Also, use the urine bottle custody seals from the second form).

3. **PROBLEM:** The urine temperature is outside the normal range of 32°-38°C / 90°-100°F, and a suitable medical explanation cannot be provided by an oral temperature or other means;

OR

4. **PROBLEM:** The collector observes conduct clearly and unequivocally indicating an attempt to substitute or adulterate the sample (e.g., substitute urine in plain view, blue dye in specimen presented, etc.) and a collection site supervisor or the railroad representative agrees that the circumstances may indicate an attempt to tamper with the sample.

RECOMMENDED ACTION: (For Problems 3 and 4, document the problem on the Control Form under "Supplemental Information"). If the collection site supervisor or railroad representative concur that there has been a possible attempt to substitute or alter the specimen, another void should be taken under direct observation by a collector of the same gender.

If a collector of the same gender is not available, **DO NOT** proceed with this step and process the sample as previously discussed.

If a collector of the same gender is available, initiate a new Control Form for the second void. The suspect specimen urine bottle custody seal should be marked "Void 1" and the follow-up void should be marked "Void 2." Send both voids to the laboratory and detail the incident under "Supplemental Information" on the Control Form.

FEDERAL RAILROAD ADMINISTRATION

POST-ACCIDENT TESTING BLOOD/URINE CUSTODY AND CONTROL FORM (49 CFR 219)

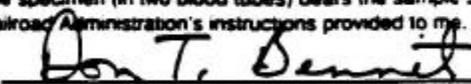
NOTE: This form must be completed in accordance with instructions provided by the Railroad representative. Separate instructions are available for the employee and the collectors. If more than one collector provides services, each must direct special attention to properly documenting chain of custody for the blood and urine specimens, as applicable.

Employee Identification Number or Social Security Number 422-60-5161	Sample Set Identification Number (Pre-printed) 002114
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STEP 1. COMPLETED BY EMPLOYEE (DONOR) PROVIDING SPECIMENS

Name Print (last, first, mi) Joe, John E.	Name of Employing Railroad ABC Railroad INC.
Home Address 103 Schubert Dr. Silver Spring Md 20904	Name of Home terminal Washington DC

STEP 2. COMPLETED BY COLLECTOR OF BLOOD SPECIMEN

Name of Collector Print (last, first, mi) Bennet Don T.	Collection Date 28 Feb 95	Collection Time 4:15	Remarks: —
<p>I certify the blood specimen was presented to me by the person named in Step 1. The specimen (in two blood tubes) bears the sample set identification number as printed above and was collected, labeled, and sealed according to the Federal Railroad Administration's instructions provided to me.</p> <p>I HAVE COMPLETED THE REQUIRED ENTRY IN STEP 5 BELOW, AS EXPLAINED IN THE INSTRUCTIONS GIVEN TO ME.</p>			
 Signature of Collector			

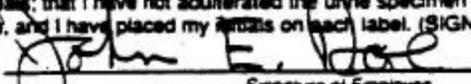
STEP 3. COMPLETED BY COLLECTOR OF URINE SPECIMEN

Name of Collector Print (last, first, mi) Smith, Dennis R.	Collection Date 28 Feb 95	Collection Time 5:00	Remarks: —
Temperature of Specimen was read within 4 minutes <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	Temperature was within range of 32°-38°C/90°-100°F <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	If not, actual temperature was NA	
<p>I certify the urine specimen was presented to me by the person named in Step 1. The specimen (in two bottles) bears the sample set identification number as printed above and was collected, labeled, and sealed according to the Federal Railroad Administration's instructions provided to me.</p> <p>I HAVE COMPLETED THE REQUIRED ENTRY IN STEP 5 BELOW, AS EXPLAINED IN THE INSTRUCTIONS GIVEN TO ME.</p>			
 Signature of Collector			

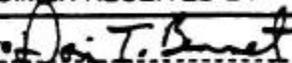
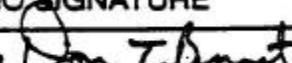
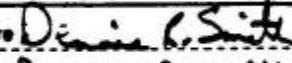
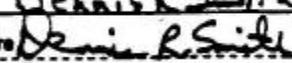
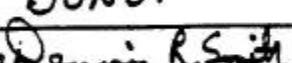
STEP 4. COMPLETED BY EMPLOYEE

I certify the information I have given in Step 1 is correct and that I provided the specimens described in Steps 2 and 3; that each specimen is in a container which has the above sample set identification numbers recorded on the tamper-evident seal; that I have not adulterated the urine specimen in any manner, that each container has a tamper-evident seal that was applied by the collector in my presence, and I have placed my initials on each label. (SIGN AFTER ALL SPECIMENS ARE SEALED.)

EXAMPLE OF MY INITIALS JED


 Signature of Employee

STEP 5. COMPLETED IN SEQUENCE BY COLLECTORS AND OTHERS TAKING POSSESSION OF SPECIMENS (including Laboratory)

DATE MO DAY YR	SPECIMEN RELEASED BY	TYPE OF FLUID(S)		SPECIMEN RECEIVED BY	PURPOSE OF CHANGE
		BLOOD	URINE		
2/28/95	DONOR- NO SIGNATURE	X		Signature  Name Don T. Bennet	PROVIDE SPECIMEN FOR TESTING
2/28/95	Signature  Name Don T. Bennet	X		Signature  Name Dennis R. Smith	Transfer to urine collector.
2/28/95	Signature Name DONOR		X	Signature  Name Dennis R. Smith	Provide Specimen
2/28/95	Signature  Name Dennis R. Smith	X	X	Signature Name ABXY Courier Co. write	shipment to lab

STEP 6. COMPLETED BY MEDICAL FACILITY/PHYSICIAN

Describe any medication, solution, transfusion, anesthetic, or other treatment the employee received after the accident that might affect toxicological analyses. <div style="text-align: center; font-size: 1.5em;">None</div>	Was a breath alcohol test conducted on the donor above, pursuant to this accident, using FRA authority? Yes <div style="text-align: right; font-size: 1.5em;">X</div> No
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