<Date>

<Name of Certified Testing Facility>

To Whom It May Concern:

Re: <Name of Faculty Candidate>

The above referenced individual is an applicant for a position at Augusta University. As a public institution, applicants for certain positions at our institution are required by state law to submit to a pre-employment drug test for illegal drugs. The applicant has requested that this testing be accomplished by your laboratory. In order to ensure that this test confirms to the requirements of Georgia law (O.C.G.A. 45-20-111, et seq.), and is acceptable to Augusta University, the following conditions must be met:

1. The applicant should be screened for presence of any amount of the following illegal drugs: marijuana/cannabinoids (THC); cocaine, amphetamines/methamphetamine; opiates, or phencyclidine (PCP).
	1. Your laboratory must be certified to perform urine toxicology screens by the Substance Abuse Mental Health Service Administration (SAMHSA) or the College of American Pathology (CAP).
	2. Failure to follow the procedures or to provide necessary certifications may nullify the applicant’s test results.
	3. A written lab report included with a copy of your current SAMHSA or CAP licensure and a written certification of chain of custody regarding each specimen must be sent to:

Augusta University & AU Health System

Human Resources – Employee Health & Wellness

1120 15th Street, FG-1150

Attn: Dr. James Foster

Augusta, GA 30912

Office: (706) 721-3418

Fax: (706) 721-0882

1. Augusta University (indicate name of college and hiring department) will be responsible for charges for the initial drug screening and any confirmation test required up to the amount of $100 per individual applicant. Your bill should be sent to:

Augusta University

<Name of College>

<Name of Department>

Attn: <Name of department representative>

1120 15th Street

<Bldg. Code-Room #>

Augusta, GA 30912

Any questions regarding this letter or the process to complete the urine drug screen should be directed to HR-Employee Health & Wellness. Their telephone number is (706) 721-3418.

Sincerely,

<Name>

Chair, Department of <name of dept.>

C: Dean, <Name of College>

 HR-Faculty Support Services

 <Name of Applicant>

Date Completed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Faculty Member: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_