



Aboriginal and Torres Strait  
Islander health practice  
Chinese medicine  
Chiropractic  
Dental  
Medical  
Medical radiation practice  
Nursing and Midwifery

Occupational therapy  
Optometry  
Osteopathy  
Pharmacy  
Physiotherapy  
Podiatry  
Psychology

# Undertake urine and hair drug screening

## Practitioner acknowledgement

HP6

Australian Health Practitioner Regulation Agency

### Practitioner's Details

Monitoring & Compliance number

Name (Last, First)

### Practitioner's Declaration

By signing this form, I acknowledge and confirm:

1. I have read and understood the requirements of the Drug and Alcohol Screening Protocol in relation to urine and hair drug screening.
2. I am aware 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.
3. I am aware 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 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. A urine or hair drug screen result that 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 drug screen result.
5. The consumption of poppy seeds will not be accepted as an explanation for a positive drug screening result.
6. I am aware of the process for step down or step up of urine or hair drug screening frequency and that additional drug screening may be required.
7. I must only use pathology request forms provided by my case officer and I must not self refer for urine or hair drug screening.
8. I am aware of the timeframe and frequency with which I must undertake urine and hair drug screening
9. I must attend an approved collection centre unless alternate collection arrangements, approved by the Board, are in place.
10. I must accurately complete a Drug Information Sheet on each and every occasion I provide a urine or hair sample.
11. I am responsible for ensuring the collector completes a Chain of Custody Form at the time of each urine or hair sample collection.
12. I must present photographic identification to the collector at the time of each urine and hair sample collection.
13. In relation to urine drug screening I am aware:
  - a. I must telephone the UDS telephone number each day
  - b. of the screening group in which I must undertake urine drug screening
  - c. of the action to be taken in the event of a failure of the UDS telephone number
  - d. that the collection of a urine sample must occur under Level 1 supervision
  - e. that 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. when a urine sample will be considered dilute.
14. In relation to hair drug screening I am aware I must keep the head hair to be sampled at no less than 3 cm length.

Signature

Date

### Return form to

Case officer

Email

Post



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Australian Health Practitioner Regulation Agency

# Undertake urine and hair drug screening

## Practitioner's declaration of current substances

HPF6  
(1 of 3)

### Practitioner's Details

Monitoring & Compliance number

Name (Last, First)

### Practitioner's Declaration

By signing this form, I acknowledge and confirm:

1. I am aware the conditions on my registration that require 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.
2. 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 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>.
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 and 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 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.

Signature

Date

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# Undertake urine and hair drug screening

## Practitioner's declaration of current substances

HPF6  
(2 of 3)

Australian Health Practitioner Regulation Agency

### 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:

**Substance 1**

Dose

Frequency

Number of repeats

Date of last prescription

Name of prescribing  
practitioner

Place of practice of  
prescribing practitioner

Email address and  
contact number

**Substance 2**

Dose

Frequency

Number of repeats

Date of last prescription

Name of prescribing  
practitioner

Place of practice of  
prescribing practitioner

Email address and  
contact number

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# Undertake urine and hair drug screening

## Practitioner's declaration of current substances

HPF6  
(3 of 3)

Australian Health Practitioner Regulation Agency

### Practitioner's Details

Monitoring & Compliance number	<input type="text"/>	Name (Last, First)	<input type="text"/>
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### Prescribed medications

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

**Substance 3**

Dose

Frequency

Number of repeats

Date of last prescription

Name of prescribing practitioner

Place of practice of prescribing practitioner

Email address and contact number

**Substance 4**

Dose

Frequency

Number of repeats

Date of last prescription

Name of prescribing practitioner

Place of practice of prescribing practitioner

Email address and contact number

### Return form to

Case officer	<input type="text"/>	Email	<input type="text"/>	Post	<input type="text"/>
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