

#04-7984
P.C. 8400153

From: Robert Kronstrand <robert.kronstrand@rmv.se>
To: "wvogl@samhsa.gov" <wvogl@samhsa.gov>
Date: 7/13/04 1:52AM
Subject: docket number 04-7984

Dear Dr Vogl,

The proposed guidelines are very welcome, indeed, adding new matrices will further enhance the ability to detect and deter drug use.
I have some comments as stated below:

Subpart H.

The guidelines require oral fluid collection by spitting. This is impractical and unpleasant. There are a number of reliable collection devices in use, some of those are FDA-cleared for use in the US. The guidelines require that a urine specimen be collected at the time an oral fluid specimen is collected because of the risk of false positives for THC. There are scientific data showing that the contamination of the oral cavity ceases within 30 minutes of exposure. Requirement of another specimen taken at the same time as the oral fluid sample seems unappropriate. The guidelines do not allow use of oral fluid testing for follow-up and return to duty testing. The relatively short detection time in oral fluid would reflect recent use and thus be appropriate for return to duty testing, showing the employee's fitness to work. The splitting of hair samples into two portions of equal weight is not consistent with urine or oral fluid where there's more in the A-tube than in the B-tube. The laboratories need more sample in the A-tube for both screening and confirmation than for a retest also for hair. I realize it's difficult for the collector to divide the sample as there is no easy way to measure the portions, still a 70:30 split would be better.
Sincerely,

Robert Kronstrand, PhD
National Board of Forensic Medicine
Dep. Forensic Chemistry
SE-581 85 SWEDEN
email: robert.kronstrand@rmv.se

#####

This message has been scanned by F-Secure Anti-Virus for Microsoft Exchange.
For more information, connect to <http://www.F-Secure.com/>