Drug Screen Confirmation Test

UP & ACTIVE PHYSIOTHERAPY TOOWOOMBA

As part of your pre-employment, you are required to attend our Pathology Collection Centre **immediately** to provide a urine sample for the purposes of a confirmatory drug test. This test is a requirement of Bodycare's pre-employment process, delivered on behalf of your potential employer.

Preparing for Your Test

- Please contact the Collection Centre to advise that you need to have a confirmatory drug test performed **immediately** after a non-negative instant drug test.
- You MUST attend the pathology Collection Centre immediately to provide a confirmatory sample. Failure to attend your lab-based drug test confirmation immediately may result in the assessment being incomplete, which may impact your application. If you are unable to attend immediately, please contact Bodycare to advise.
- Please advise the Collection Centre that you are attending a pre-employment drug test for Bodycare.
- It is essential that you bring your referral document to the Collection Centre.
- You are not required to pay for the test on the day (payment is included as part of your final pre-employment fee).
- Please avoid any caffeinated drinks and please do not drink more than one glass (250 ml) of
 water two hours prior to your appointment. The consumption of too much water may dilute
 your sample. In the instance of this occurring, we will require you to be re-tested.

Location



QML Pathology

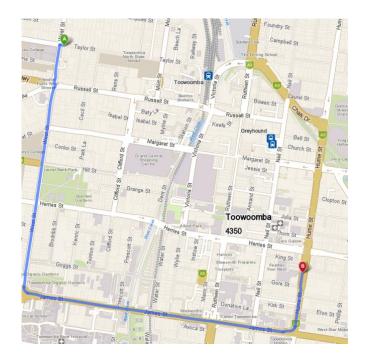
Hooper Medical Centre, Shop 2c, 187 Hume Street, Toowoomba QLD 4350



Mon - Fri 08:00 - 12:00



04 1881 7064





Urine Drugs of Abuse Request and Chain-of-Custody Form

All details must be completed to comply with Australian Standard AS/NZ 4308:2008

Pathology.

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							Yes		No No	Yes Yes			_				

COMMERCIAL REQUEST FORM



Patient Surname:	Given Name:	Sex:	Date of Birth:
Address: (State Company Name)		Tel (Home)	Tel (Mobile)

Requested By: Body Care Workplace Solutions
Level 1, 48 Cecil St
Southbank VIC 3006
Ph: 03 8637 7170

Dr Code
Billing Code

Billing Code

TEST REQUESTED:							
URINE DRUG SCREEN LAB IMMUNOASSAY	DS4						
PROCEED TO MS CONFIRMATION FOR ALL NON-NEGATIVE RESULTS.							
Clinical Notes:							
Name of Collector:	(Signature:						
Site Location:	Collectors Certificate Number:						
ORO LOCATION.							

Any queries please contact Commercial Services on 07 3121 4945

Version Date: August 2016

Drug Information

Full Name:				
Date of Birth:				
Are you presently taking any over medication, cough mixtures, etc)				old and flu
Specific Brand Name Medication/Drug	Reason for Medication	Dosage/Strength per day	Time & Date of Last Dose	How many days did you use it?
Are you taking any prescribed me	edication or drugs (eg. sedat	ives, pain killers or othe	er)?	
Specific Brand Name Medication/Drug	Reason for Medication	Dosage/Strength per day	Time & Date of Last Dose	How many days did you use it?
Physician who prescribed drug(s)? _				
3. Any other medication / drugs not	previously mentioned?			
Comments, explanations?				
Signature:	Da	ate:		