

# Drug Screen Confirmation Test

## PHYSIOFIT LAUNCESTON

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



#### TML Pathology

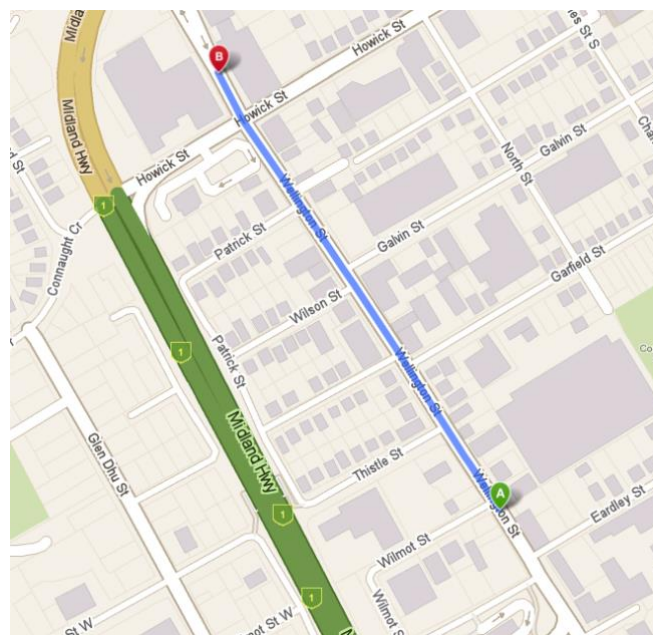
Launceston Medical Centre,  
247 Wellington St,  
Launceston



Mon – Fri 07:30 – 18:00  
Sat 09:00 – 12:30



(03) 6711 2000



# COMMERCIAL REQUEST FORM



**Patient Surname:**

**Given Name:**

**Sex:**

**Date of Birth:**

**Address: (State Company Name)**

**Tel (Home)**

**Tel (Mobile)**

BODYCARE WORKPLACE SOLUTIONS	Dr Code	Billing Code
<b>Requested By:</b> Body Care Workplace Solutions Level 1, 48 Cecil St Southbank VIC 3006 Ph: 03 8637 7170	BBW2M	5300

## TEST REQUESTED:

URINE DRUG AND ALCOHOL SCREEN LAB IMMUNOASSAY (AS/NZS 4308) DS4

PROCEED TO MS CONFIRMATION FOR ALL NON-NEGATIVE RESULTS.

## Clinical Notes:

**Name of Collector:**

**Signature:**

**Site Location:**

**Collectors Certificate Number:**

**Any queries please contact Commercial Services on 07 3121 4945**