

Drug Screen Confirmation Test

BELMONT CITY PHYSIOTHERAPY

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



Australian Clinical Labs

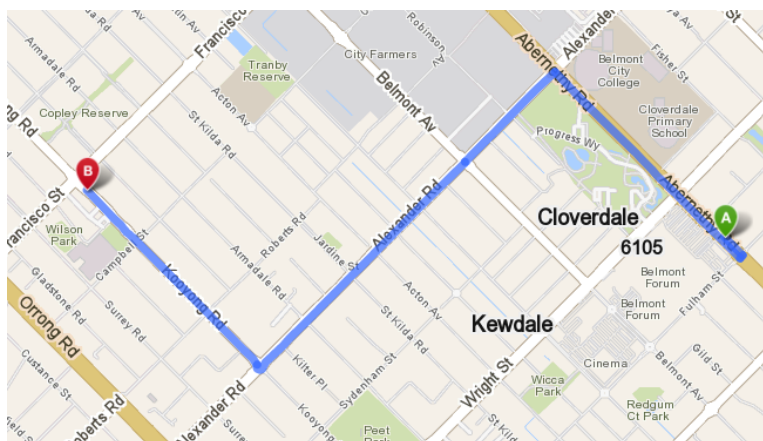
104A Kooyong Road,
Rivervale, WA 6103



Mon – Fri 08:00 – 12:30, 13:30 – 16:30
Sat 08:00 – 11:00



(08) 9470 4498



| | | | | |
|----------------------------------|---------------|-----------|---------------|-----------|
| Patient Last Name | Given Name(s) | Sex | Date of Birth | Your Ref |
| Patient Address | | Post Code | Tel (Home) | Tel (Bus) |
| Tests Requested | | | | |
| Requesting Client | | | Extra Copy To | |
| Client Data Entry Code | | | Billing Code | |
| ACC Instructions | | | | |
| Specimen Receptions Instructions | | | | |
| Laboratory Instructions | | | | |

I certify that the specimen(s) accompanying this request was drawn from the patient named above and I established the identity of the patient by direct inquiry and/or by inspection of wrist band, and immediately upon the blood being drawn I labelled the specimen(s).

FULL NAME

SIGNATURE

DATE:

TIME:

X

Clinical Laboratories Pty Ltd A.B.N. 62 006 823 089

Person collecting specimen(s)

| | | | | | | |
|-----|------|---------|-------|-------|-----|-----|
| GEL | EDTA | SOD CIT | FL OX | PLAIN | HEP | ESR |
|-----|------|---------|-------|-------|-----|-----|

| | | | | | | | |
|-------|-----|------|-----|------|-------|-------|------|
| 24H U | MSU | SWAB | PAP | HIST | SLIDE | FAECE | SPUT |
|-------|-----|------|-----|------|-------|-------|------|

| | | | |
|------|-------|-----|----------|
| FUNG | SEMEN | CSF | EGGTRACE |
|------|-------|-----|----------|

| | | |
|----------|-------|-----|
| HOLTRACE | OTHER | GEL |
|----------|-------|-----|