

Drug Screen Confirmation Test

PHYSICO GOODNA

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 Pathology

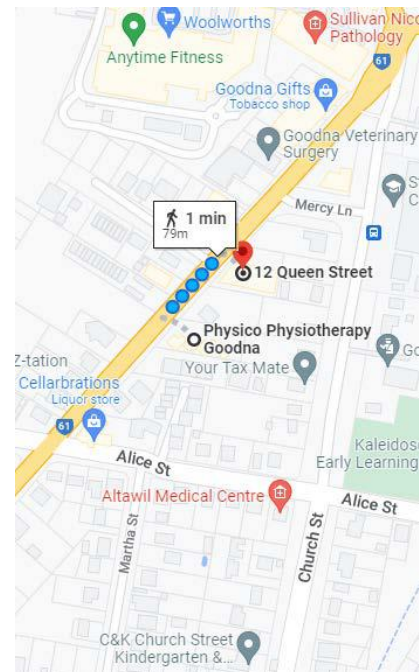
Shop 3, 12 Queen Street,
Gladstone QLD 4680



Mon – Fri 07:30 – 11:30, 12:30 – 16:00
Sat 07:00 – 11:00



(07) 3288 5303



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
Requested By: Body Care Workplace Solutions Level 1, 48 Cecil St Southbank VIC 3006 Ph: 03 8637 7170	BBW2M	5300

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:

Any queries please contact Commercial Services on 07 3121 4945

Drug Information

Full Name: _____

Date of Birth: _____

1. Are you presently taking any over-the-counter medication/drugs? (eg. pain killers, Sudafed or other cold and flu medication, cough mixtures, etc). _____

Specific Brand Name Medication/Drug	Reason for Medication	Dosage/Strength per day	Time & Date of Last Dose	How many days did you use it?

2. Are you taking any prescribed medication or drugs (eg. sedatives, pain killers or other)? _____

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: _____ Date: _____