

# Drug Screen Confirmation Test

## HEALTH FIRST GROUP - GOULBURN

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



#### Laverty Pathology

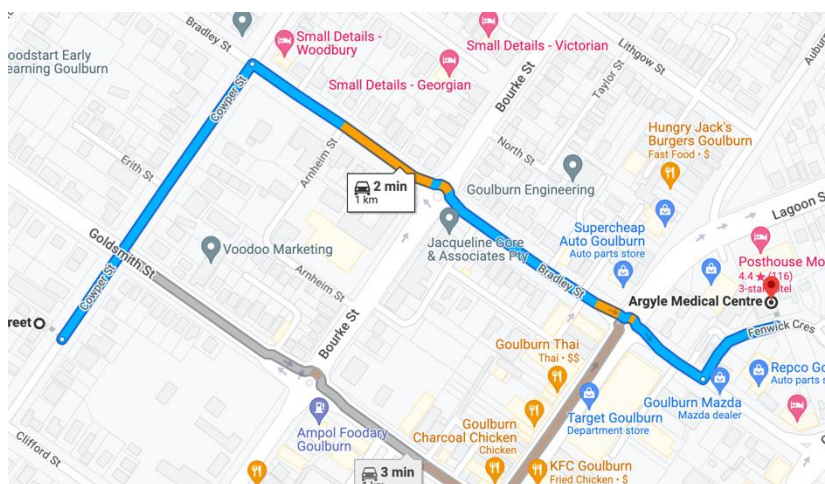
Path Room, Argyle Medical Centre, 5 Fenwick Crescent, Goulburn NSW 2580



Mon – Fri 08:30 – 12:00,  
12:30 – 16:30



02 4855 0288



Collection Date: / / Time: \_\_\_\_\_  
 Donors Surname: \_\_\_\_\_  
 Donors Given Names: \_\_\_\_\_  
 Date of Birth: / / Sex: Female  Male   
 Address: \_\_\_\_\_

**Requesting Authority / Client Details:**  
**Bodycare Workplace Solutions**  
 Att:HR Manager  
 Level 1, 48 Cecil St  
 SOUTHBANK, VIC, 3006  
 Ph: 03 8637 7170  
**Client Code:** \_\_\_\_\_ **Bill Code:** \_\_\_\_\_

Dear Collector; Donors must have photo ID to proceed with testing. **Please tick appropriate box:**  Photo ID checked  No Photo ID

**Tests Required – (please tick)**

ID type: \_\_\_\_\_ Number: \_\_\_\_\_

**ALCOHOL BREATH TESTING (ABT)**

First reading: \_\_\_\_\_ Time of reading: \_\_\_\_\_:\_\_\_\_\_ Name of device used: \_\_\_\_\_  
 Second reading: \_\_\_\_\_ Time of reading: \_\_\_\_\_:\_\_\_\_\_ Serial No. \_\_\_\_\_

**CUP 2 ONSITE TESTING (ICT)** Lot number: \_\_\_\_\_ Device expiry: \_\_\_\_\_

Write results below as: **N**= Negative **Non N**= Non Negative

COC	AMP	MET	MOP	BZO	THC

Proceed to AS/NZS: 4308:08 confirmation if any non-negative  Sent to laboratory for confirmation.

**LABORATORY URINE DRUG (SCREEN) + CONFIRMATION IF REQUIRED AS/NZS4308:08 (DLI)**

**LABORATORY URINE DRUG & ALCOHOL + CONFIRMATION IF REQUIRED (SCREEN) AS/NZS4308:08 (DLI, ALC)**

**LABORATORY CONFIRMATION ONLY AS/NZS4308:08 (DL)**

Drug class/es for confirmation

**Tick additional lab test requests:**

Synthetic cannabinoids (JWH)  Synthetic amphetamines (STH)  Other \_\_\_\_\_

Medication Name	Strength	Dosage Interval	Last Dose	
			Date	Time

**TO BE COMPLETED BY SPECIMEN DONOR**

I consent to the above-nominated tests and to have my results released to the Requesting Authority who may in turn release the results to my employer. I certify that the specimen/s was provided by me on this date and the information I have provided on this form is correct. In the case of a confirmation sample being packaged for transport, I confirm that the containers were sealed with tamperproof seals, in my presence and that the information on the labels is correct.

Donor Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

**TO BE COMPLETED BY COLLECTOR**

Tick if collection was directly witnessed / observed.

**Creatinine results: please tick**

Urine appearance: \_\_\_\_\_

Abnormal -  0mg/dl  10mg/dl Normal -  20mg/dl  50mg/dl  100mg/dl

Satchel Tag Number: \_\_\_\_\_

Sample Security Seal Number: \_\_\_\_\_

Record Urine Temperature (read within 4 mins): \_\_\_\_\_

Number of Specimen Tubes Provided (circle): 1 2 3

I certify that the specimen identified on this form was provided by the donor recorded above, and that it was collected, labelled and sealed in accordance with instructions – AS/NZS 4308:08.

Full Name: (Block Letters) \_\_\_\_\_

Signature: \_\_\_\_\_ Observations: \_\_\_\_\_

**TO BE COMPLETED BY EVERY PERSON HANDLING THE SPECIMEN**

Name	Signature	Date	Time	Position