

Drug Screen Confirmation Test

LEETON 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



Laverty Pathology

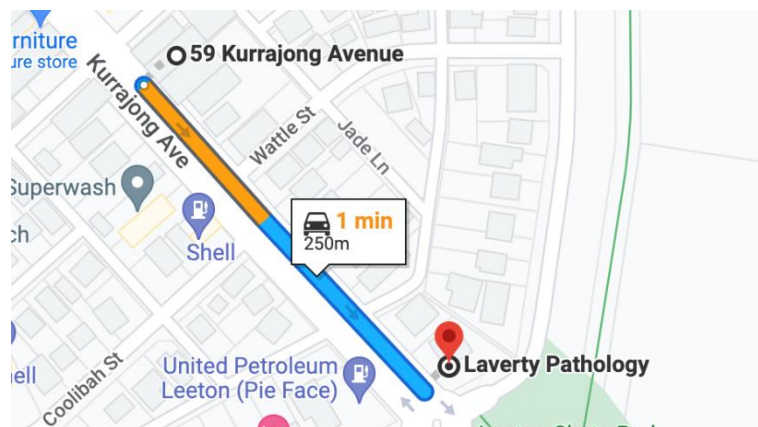
Pathology Suite 1,
81 Kurrajong Avenue,
Leeton NSW 2705



Mon – Fri 08:30 – 13:00,
14:00 – 16:00



02 6953 7356



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