

# Drug Screen Confirmation Test

## OPTIMUM ALLIED HEALTH - GRAFTON

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



#### Sullivan Nicolaides Pathology

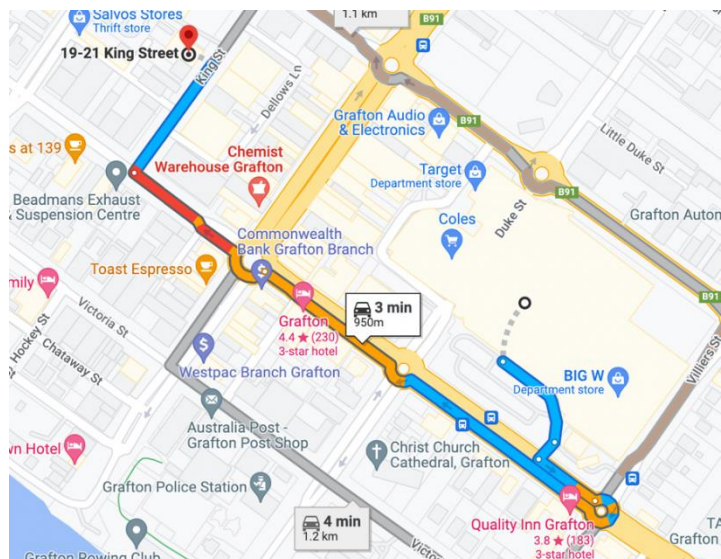
19-21 King Street,  
Grafton NSW 2460



Mon – Fri 07:00 – 17:00



02 6641 2200



Lab ID Number



**SONIC  
HEALTHCARE**

Quality is in our DNA

Lab ID Number

## PATHOLOGY REQUEST FORM

**CORPORATE**

### Patient Details

Title: Mr. ☐ Mrs. ☐ Ms ☐ Miss ☐

Surname: \_\_\_\_\_ Given Name: \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Gender: Male ☐ Female ☐

### Patient Address:

Doctor: **TXB426**

Bodycare Workplace Solutions  
Level 1/48 Cecil St  
**South Melbourne VIC 3205**

Copy to Doctor: **HXT76**

Billing:

**BCARE**

### Tests Requested:

Lab Based Urine Drug Screen (+ GCMS confirmation if required)

### Clinical Notes

Doctor Signature NOT required

### For Laboratory Use

Staff ID:

Loc Code:

Type of collect:

*I certify that the pathology specimen accompanying the request was collected from the patient stated above as established by direct inquiry.*

Signature of person collecting specimen \_\_\_\_\_

Date of Collect: \_\_\_\_/\_\_\_\_/\_\_\_\_

Time of Collect: \_\_\_\_\_

22/03/2019