

# Drug Screen Confirmation Test

## PHYSIOACTIVE SA

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

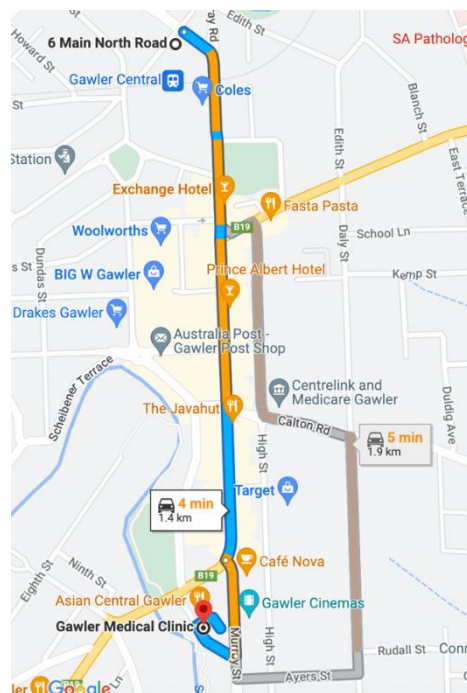
Gawler Medical Clinic,  
2b Murray Street,  
Gawler SA 5118



Mon – Fri 08:00 – 16:00  
Sat 08:00 – 12:00



08 8523 1127



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				

ACL/MAR-REQ-VIC-0036.5-10/19

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
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24H U	MSU	SWAB	PAP	HIST	SLIDE	FAECE	SPUT
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FUNG	SEMEN	CSF	EGGTRACE
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HOLTRACE	OTHER	GEL
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