

Drug Screen Confirmation Test

EVADO STUDIOS THORNBURY

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



Dorevitch Pathology

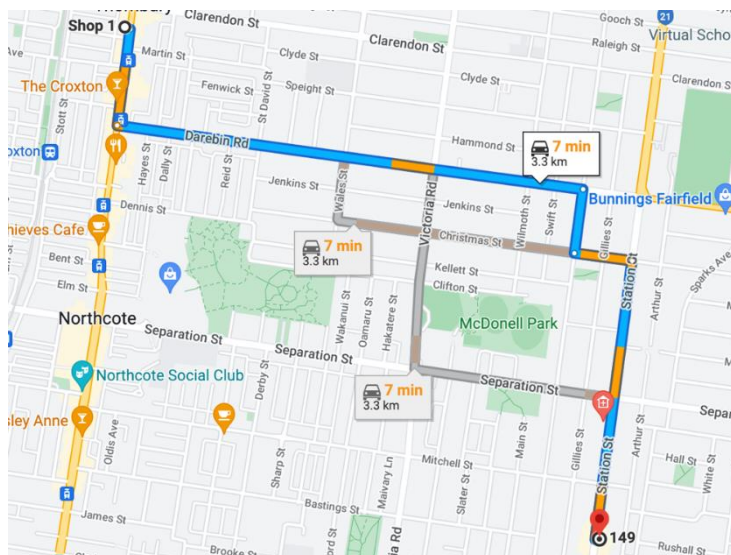
Shop 3, Ground Floor,
149-153 Station Street,
Fairfield VIC 3078



Mon – Fri 08:00 – 16:30



03 9486 7310



Patient Details:
Surname:

Given Name:

D.O.B: / /

Sex: Male Female:
Address: (state company Name)

 Bodycare Workplace Solutions
 1/48 Cecil Street
 Southbank 3006

Photo ID Sighted: Yes No ID #:

Donor Signature:

COMMERCIAL REQUEST	BodyCare Workplace Solutions	NON REBATABLE TESTS
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Requested by: BodyCare Pre Employments
 BodyCare Workplace Solutions
 Level 1 / 48 Cecil St
 Southbank Vic 3006
 Ph: 8637 7170

Dr Code: BCWS
Fee cat: 443T

Test Requested:	Panel Code (Lab use only)
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AS/NZS 4308 Urine Drug Screen
(UDS)

Proceed to GCMS for all non-negative results

Name of Collector:	Signature:
Site Location:	Number of specimens sent: _____