Drug Screen Confirmation Test

JOHN MEADE 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

Dorevitch Pathology

Central Gippsland Health Service, Palmerston Street, Sale VIC 3850

Mon – Fri 08:00 – 16:30

03 5143 8630









Commercial Request Form

Patient Details	:					
Surname:			Given Name:			
<mark>D.O.B: / /</mark>			Sex: Male Female:			
Address: (state company Name) Bodycare Workplace Solutions 1/48 Cecil Street Southbank 3006			Photo ID Sighted: Yes No DID #:			
COMMERCIAL REQUEST BodyCare Workplace			Solutions NON REBATABLE TESTS			
Requested by:	BodyCare Pre Em	ployments	Dr Code:	BCWS		
	BodyCare Workpl	ace Solutions	Fee cat:	443T		
	Level 1 / 48 Cecil	St				
	Southbank Vic 30	06				
	Ph: 8637 7170					
Test Requested			Pan	el Code (Lab use only)		
AS/NZS 4308				(UDS)		
Proceed to GCN						

Site Location:

Number of specimens sent: _____