Drug Screen Confirmation Test

SIA PHYSIO CROYDON

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

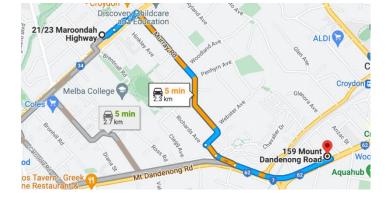


Dorevitch Pathology

159 Mt Dandenong Road, Croydon VIC 3136



Mon – Fri 07:00 – 1630 Sat 08:00 – 12:00





03 9725 9876





Site Location:

Commercial Request Form

Patient Details:						
Surname:			Given Name:			
D.O.B: / /			Sex:	Mal	le 🗌	Female:
Address: (state company Name)			Photo ID Si	ighted:	Yes 🗌	No
Bodycare Workplace Solutions			Donor Sign	ature:		
1/48 Cecil Street			Donor organ			
Southbank 300	06					
COMMERCIAL REQUEST BodyCare Workplace Solutions NON REBATABLE TESTS						EBATABLE TESTS
Requested by:	BodyCare Pre Em	ployments	Dr Code:	BCWS		
	BodyCare Workpl	ace Solutions	Fee cat:	443T		
	Level 1 / 48 Cecil	St				
	Southbank Vic 3006					
	Ph: 8637 7170					
Test Requeste			Pan	el Code (Lab use only)		
AS/NZS 430				(UDS)		
Proceed to GCN						
Name of Collector:		Signature:				

Number of specimens sent: _____