



Your workforce management & staffing experts

Drug & Alcohol Testing Consent Form for Applicants Who Have Received a Conditional Offer of Employment – MRO

Acknowledgement Receipt

I acknowledge that I have received a job offer from Corporate Management Group (CMG) conditioned upon my submitting to and passing a drug and alcohol test. I have also received, read and understand Corporate Management Group's Policy and Procedure on an at-will basis and that this policy does not alter the at-will nature of the employment relationship.

I hereby agree to submit to drug and alcohol testing under the Company's policy.

I also understand that test results and other information acquired in the drug and alcohol testing process may be disclosed to and discussed with a Medical Review Office (MRO). I hereby consent to such test results and other information being disclosed to and discussed with an MRO.

Date: 11/16/18

Employee Signature

ABRAHAM OLAWALE OSO
Employee Name (Printed)

Date: 11/16/18

Witness Signature

Andre Bowden

Witness Name (Printed)

TEST RESULTS RECORD

Test Reference Number MD-56101 Name of Collector _____

COMPANY INFORMATION

Company Name Corporate Management Group Phone 151-660-3883 Fax _____
 Address 404 Broadway Ave. City St. Paul Park State/Province MN Zip/Postal Code 55091

DONOR INFORMATION

Last Name OSO Employee I.D. _____
 First Name ABRAHAM
 Type of Identification Provided: Driver's License Employee Photo I.D. Other _____
 Reason for test: Pre-employment Random Reasonable cause Post-accident Other _____

CERTIFICATION

I hereby certify that the specimen provided is my own and has not been substituted or adulterated. I further agree and grant permission for the testing of my specimen for drug metabolites and alcohol.

Donor signature [Signature] Date / Time 11/16/18

I hereby certify that I collected the specimen provided by the aforementioned Donor and that it was not substituted or adulterated to the best of my knowledge.

Collector signature [Signature] Date / Time 11/16/18 8:40 a.m.

Laboratory signature _____ Date / Time received _____

TEST RESULTS

Date/Time Collected _____
 Time Interpreted _____

NOTE: Lab personnel obtain specimen samples by puncturing the lab extraction ports on the side of device with a needle and syringe and drawing out the sample.



Cut out this panel to copy or scan results

| Drug Name | Symbol | Negative | Positive | Not Tested |
|-----------------|--------|-------------------------------------|--------------------------|-------------------------------------|
| Alcohol | ALC | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| Amphetamine | AMP | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Buprenorphine | BUP | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Benzodiazepine | BZO | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Cocaine | COC | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| EDDP | EDDP | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Marijuana | THC | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Methadone | MTD | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Methamphetamine | MET | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Opiates | OPI | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Oxycodone | OXY | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Phencyclidine | PCP | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| _____ | _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| _____ | _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Notes / Comments _____

