



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

**Acknowledgment 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 for Drug and Alcohol Testing ("Policy"). I understand that if I am hired I will be employed 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 Officer ("MRO"). I hereby consent to such test results and other information being disclosed to and discussed with an MRO.

X Dated: 9/6/2018

X [Signature]  
Employee Signature

X ANH KHA PHAM  
Employee Name (Printed)

Witnessed by:

Dated: 9/6/2018

[Signature]  
Witness Signature

Mari Anderson  
Witness Name (Printed)

# TEST RESULTS RECORD

Test Reference Number MD-96101 Name of Collector \_\_\_\_\_

## COMPANY INFORMATION

Company Name Corporate Management Group Phone 651-644-3883 Fax \_\_\_\_\_  
 Address 700 Broadway AVE City St. Paul Park State/Province MN Zip/Postal Code 550

## DONOR INFORMATION

Last Name PHAM Employee I.D. \_\_\_\_\_  
 First Name ANH KHA  
 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 9/6/2018

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 9/6/2018 10:45am

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.

Side of Device



Lab extraction ports

Drug Name	Symbol	Positive	Percentage	Test Result
<del>Amphetamine</del>	<del>AMP</del>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<del>Bupropion</del>	<del>BLP</del>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<del>Cocaine</del>	<del>COB</del>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<del>Marijuana</del>	<del>THC</del>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<del>Methamphetamine</del>	<del>MET</del>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<del>Oxycodone</del>	<del>OXY</del>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Notes / Comments \_\_\_\_\_

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