

**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.

Dated: 6/19/18

Ashley Daniels  
Employee Signature

Ashley Daniels  
Employee Name (Printed)

Witnessed by:

Dated: ~~7/18~~ 6/13/18

Zhilshen Zepeda  
Witness Signature

Zhilshen Zepeda  
Witness Name (Printed)

# TEST RESULTS RECORD

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

## COMPANY INFORMATION

Company Name Corporate Management Group Phone 651-644-3813 Fax \_\_\_\_\_  
 Address 700 Broadway Ave City St. Paul Park State/Province MN Zip/Postal Code 559

## DONOR INFORMATION

Last Name \_\_\_\_\_ Employee I.D. \_\_\_\_\_  
 First Name \_\_\_\_\_  
 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 06/13/18

I hereby verify 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 06/12/18

Laboratory signature \_\_\_\_\_ Date/Time received \_\_\_\_\_

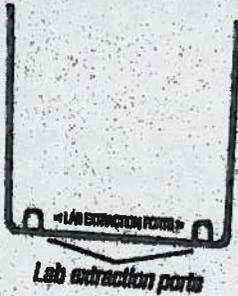
## TEST RESULTS

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



Drug Name	Symbol	Metabolite	Positive	Find to report
Bupropione	BUP	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cocaine	COC	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Marijuana	THC	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Methylphenidate	MET	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Oxycodone	OXY	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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