



**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: 12-5-18

X [Signature]  
Employee Signature

X David Solum  
Employee Name (Printed)

**Witnessed by:**

Dated: 12-5-2018

[Signature]  
Witness Signature

Mari Anderson  
Witness Name (Printed)

# TEST RESULTS RECORD

Test Reference Number MD-56101 Name of Collector \_\_\_\_\_

## COMPANY INFORMATION

Company Name Corporate Management Group Phone 651-666-3883 Fax \_\_\_\_\_  
 Address 464 Broadway Ave. City St. Paul Park State/Province MN Zip/Postal Code 55091

## DONOR INFORMATION

Employee I.D. \_\_\_\_\_  
 Last Name Solum First Name David  
 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.

[Signature] Donor signature Date / Time 12-5-18

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.

[Signature] Collector signature Date / Time 12-5-18 9:45am

\_\_\_\_\_  
 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.



Cut out this panel to copy or scan results

| Drug Name       | Symbol | Negative                            | Positive                 | Not Tested               |
|-----------------|--------|-------------------------------------|--------------------------|--------------------------|
| Alcohol         | ALC    | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input 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 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_