



**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 Offices (MRO). I hereby consent to such test results and other information being disclosed to and discussed with an MRO.

Date: 05-15-18

Employee Signature

Employee Name (Printed)

Date: 5/15/2018

Witness Signature

Witness Name (Printed)

# TEST RESULTS RECORD

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

## COMPANY INFORMATION

Company Name Corporate Management Group Phone 651-440-3838 Fax \_\_\_\_\_  
 Address 464 Broadway Ave. City St. Paul Park State/Province MN Zip/Postal Code 55091

## 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.

[Signature] \_\_\_\_\_ Date / Time 05-15-18  
 Donor signature

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

[Signature] \_\_\_\_\_ Date / Time 05/15/18  
 Collector signature

\_\_\_\_\_  
 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 type="checkbox"/>
Amphetamine	AMP	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Buprenorphine	BUP	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Benzodiazepine	BZO	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cocaine	COC	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
EDDP	EDDP	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Marijuana	THC	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Methadone	MTD	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Methamphetamine	MET	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Opiates	OPI	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Oxycodone	OXY	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Phencyclidine	PCP	<input 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 \_\_\_\_\_  
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