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CMG
CORPORATE MANAGEMENT GROUP
"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 an at – will basis and that this policy does not alter the at – will nature of the employment relationship.

I herby 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 herby consent to such test results and other information being disclosed to and discussed with an MRO.

Date: 1, 2, 2018

Employee Signature

Kyaw Gho Klu

Employee Name (Printed)

Date: 1-2-18

Witness Signature

N Ritter

Witness Name (Printed)

TEST RESULTS RECORD

Test Reference Number MD-561Ø1 Name of Collector _____

COMPANY INFORMATION

Company Name Corporate Management Group Phone 651-644-3[illegible] Fax _____

Address 404 Broadway Ave. City St. Paul Park State/Province MN Zip/Postal Code 55071

DONOR INFORMATION

Last Name _____ First Name _____ Employee I.D. _____

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 _____ Date / Time _____

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 KPA Date / Time 1-2-18 3:10

Laboratory signature _____ Date / Time received _____

TEST RESULTS

Date/Time Collected 3:15

Time Interpreted 3:25

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

Cut out this panel to copy or scan results

Drug Name	Symbol	Negative	Positive	Not Tested
Alcohol	ALC	☐	☐	☐
Amphetamine	AMP	☐	☐	☐
Buprenorphine	BUP	☐	☐	☐
Benzodiazepine	BZO	☐	☐	☐
Cocaine	COC	☐	☐	☐
EDDP	EDDP	☐	☐	☐
Marijuana	THC	☐	☐	☐
Methadone	MTD	☐	☐	☐
Methamphetamine	MET	☐	☐	☐
Opiates	OPI	☐	☐	☐
Oxycodone	OXY	☐	☐	☐
Phencyclidine	PCP	☐	☐	☐
_____	_____	☐	☐	☐
_____	_____	☐	☐	☐

Notes / Comments _____

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