



**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: 6/28/18

X [Signature]
Employee Signature

[Signature]
Employee Name (Printed)

Witnessed by

Dated: 6/28/18

[Signature]
Witness Signature

Zhilghasun Zepeda
Witness Name (Printed)

TEST RESULTS RECORD

Test Reference Number MD-56101 Name of Collector _____

COMPANY INFORMATION

Company Name Cosparat Management Group Phone 651-664-3813 Fax _____
 Address 700 Broadway Ave City St. Paul Park State/Province MN Zip/Postal Code 55107

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 6/28/18

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] _____ Date/Time 6/28/18

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 | Substituted |
|-----------------|--------|--------------------------|--------------------------|--------------------------|
| Buprenorphine | BUP | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Cocaine | COB | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Marijuana | THC | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Methamphetamine | MET | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Oxycodone | OXY | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Notes / Comments _____

