

AFFIX BARCODE LABEL HERE

INSTANT DRUG SCREEN
Consent and Report Form

MEDTOX ACCOUNT CODE: _____ (When applicable)

DONOR INFORMATION

Name: Ronald King SSN: 393-76-9466 Date of Birth: 11/15/67
 Address: 1700 E. DATE ST. #1011 City: San Bernardino State: CA Zip Code: 92401
 Tel: (262) 623-2379 Date of Test: 02/09/18 Employer: Employment Solutions Staffing Group
 Donor Identification: Photo Supervisor: _____ Other: _____
 Reason for Test: Pre-Employment Post Accident Reasonable Suspicion Random Other _____

CONSENT AND RELEASE

I hereby give my consent to and authorize the U.S. Healthworks staff and its designated laboratory to perform any testing necessary to determine the presence and/or level of drugs in my body on behalf of my prospective/current employer, whose name I entered above. I further give my consent for U.S. Healthworks to release any and all results to the aforementioned employer. I agree to hold harmless all U.S. Healthworks employees, physicians, and agents involved in the performance of the testing, from any action that may arise from the disclosure of such test results to the aforementioned employer/prospective employer.

Donor Signature: Ronald King

TEST / SPECIMEN INFORMATION

Batch #: _____ Lot #: 47011004 Expiration Date: 8-31-19
 Specimen was examined within 4 minutes. Temperature: 94 °F Physical characteristics: Normal Abnormal
 Second specimen was collected: Temperature: _____ °F Physical characteristics: Normal Abnormal
 Internal Control: Valid Invalid

Remarks: _____

TECHNICIAN CERTIFICATION

I certify that the specimen provided to me by the Donor and identified on this form was collected, labeled, sealed in the Donor's presence.
 Released to (Delivery Service Name) _____ for transport to the laboratory for further testing.
 Collection Facility: USHW Phone: 909 889-2605 Fax: _____
 Name: J. STEVENSON Signature: [Signature] Date: 2-9-18 Time: 2:00

DONOR CERTIFICATION

I certify that I provided my urine specimen to the collector; that I did not adulterate it in any manner; that the specimen bottle used was sealed in my presence with a tamper-evident seal; and that the information provided on this form and on the tamper-evident specimen seal is correct.

Donor Signature: _____ Tel: () _____ Date: _____

TEST RESULTS

Negative drug screen.
 Specimen (minimum 30 mL) forwarded to lab for further testing.
 5 Panel #: _____ 10 Panel #: _____ Other: _____
 Donor unable to provide sample within 3 hours.
 Donor refused to be tested.
 Reported to: Name: _____ Date: _____ Time: _____ Via: Tel Fax Other: _____
 Reported by: Name _____ Signature: _____

FOR LABORATORY USE ONLY

Received by Accessioner (Name): _____ Signature: _____ AM PM
 Specimen Bottle Seal Intact: Yes No Remarks: _____
 Specimen Bottle Released to: _____

Alcohol Testing Form (Non-DOT)

(The instructions for completing this form are on the back of Copy 3)

STEP 1: TO BE COMPLETED BY ALCOHOL TECHNICIAN

A: Employee Name RONALD KING
(Print) (First, M.I., Last)

B: SSN or Employee ID No. 9466

C: Employer Name EMPLOYER SOLUTIONS
Street PO Box 46270
EDEN PRAIRIE MN 55344

City, State, ZIP
DER Name and Telephone No. GAIL HETLEVEDT 952 767-0053
DER Name DER (Area Code & Phone Number)

D: Reason for Test: Random Reasonable Susp. Post-Accident Return to Duty Follow-up Pre-employment

STEP 2: TO BE COMPLETED BY EMPLOYEE

I certify that I am about to submit to alcohol testing and that the identifying information provided on the form is true and correct.

Ronald S. King 02/09/18
Signature of Employee Date Month / Day / Year

STEP 3: TO BE COMPLETED BY ALCOHOL TECHNICIAN

(If the technician conducting the screening test is not the same technician who will be conducting the confirmation test, each technician must complete their own form.) I certify that I have conducted alcohol testing on the above named individual, that I am qualified to operate the testing device(s) identified, and that the results are as recorded.

TECHNICIAN: BAT STT DEVICE: SALIVA BREATH* 15-Minute Wait: Yes No
SCREENING TEST: (For BREATH DEVICE* write in the space below only if the testing device is not designed to print.)

Test #	Testing Device Name	Device Serial # QR Lot # & Exp. Date	Activation Time	Reading Time	Result
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CONFIRMATION TEST: Results MUST be affixed to each copy of this form or printed directly onto the form.

REMARKS: 893

USHW 599 INLAND CENTER
Alcohol Technician's Company Company Street Address
J. Steven SB Ca 92408
(PRINT) Alcohol Technician's Name (First, M.I., Last) Company City, State, Zip
AS 909 889-2605
Signature of Alcohol Technician Phone Number (Area Code & Number)
2 9 18
Date Month / Day / Year

STEP 4: TO BE COMPLETED BY EMPLOYEE IF TEST RESULT IS POSITIVE

I certify that I have submitted to the alcohol test, the results of which are accurately recorded on this form. I understand that I must not drive, perform safety-sensitive duties, or operate heavy equipment because the results are positive.

Signature of Employee Date Month / Day / Year

TAMPER **EVIDENT**

RBT IV# 011970
DATE 02-09-18
TEST NO. 0893
ID# 9466
AS IV# 006551
SCREENING G/210L TIME
000 AUTO 14:00

▲ Affix Or Print Screening Results Here
▲ Affix With Tamper Evident Tape
▲ Affix Or Print Confirming Results Here
▲ Affix With Tamper Evident Tape
▲ Affix Or Print Additional Test Results Here

▲ Affix With Tamper Evident Tape