

**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: 8/27/18

Victoria Humphrey  
Employee Signature

Victoria Humphrey  
Employee Name (Printed)

Witnessed by:

Dated: 8/27/2018

Kache Pickett  
Witness Signature

Kache Pickett  
Witness Name (Printed)

# TEST RESULTS RECORD

Test Reference Number MD-96101 Name of Collector \_\_\_\_\_

## COMPANY INFORMATION

Company Name Corporate Management Group Phone 651-644-3803 Fax \_\_\_\_\_  
 Address 700 Broadway Ave City St. Paul Park State/Province MN Zip/Postal Code 550

## DONOR INFORMATION

Last Name Murphy Employee I.D. \_\_\_\_\_  
 First Name Victoria  
 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

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

Date / Time

Date / Time

Laboratory signature

Date / Time received

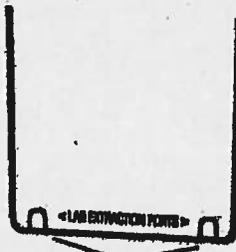
## TEST RESULTS

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	Positive	Quantity	Unit
Bupropion	BUP	<input type="checkbox"/>		
Cocaine	COC	<input type="checkbox"/>		
Marijuana	THC	<input type="checkbox"/>		
Methamphetamine	MET	<input type="checkbox"/>		
Oxycodone	OXY	<input type="checkbox"/>		

Notes / Comments \_\_\_\_\_