



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

Date: 03/02/2017



Employee Signature

William.

Employee Name (printed)

Date: 3-2-17.



Witness Signature

Nate Ritter

Witness Name (Printed)



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Date: 03/02/2017

[Handwritten Signature]

Employee Signature

William

Employee Name (printed)

Date: 3-2-17

Nate Ritter

Witness Signature

Nate Ritter

Witness Name (Printed)

TEST RESULTS RECORD

Test Reference Number MD-56101 Name of Collector _____

COMPANY INFORMATION

Company Name Corporate Management Group Phone 651.666.3883 Fax _____
 Address 400 Broadway Ave City St. Paul Park State/Province MN Zip/Postal Code 55071

DONOR INFORMATION

Last Name Larin Hernandez First Name William A
 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 [Signature] Date / Time 03/02/2017

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 [Signature] Date / Time 3/2/2017 1:47pm

Laboratory signature _____ Date / Time received _____

TEST RESULTS

Date/Time Collected 3-2-17 1:59pm
 Time Interpreted 2:02pm

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.



Drug Name	Symbol	Negative	Positive	Not Tested
Alcohol	ALC	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Amphetamines	AMP	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Buprenorphine	BUP	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Barbiturates	BZO	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cocaine	COC	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
EDC	EDC	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Marijuana	THC	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Morphine	MOR	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Methamphetamine	MET	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Opioids	OP	<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 _____

