



TESTING FOR CONTROLLED SUBSTANCES

Please read carefully before completing the consent and release of information below:

1. I understand that as required by company policy, I am required to provide urine, blood and/or breath samples for purposes of testing for controlled substances.
2. In providing the urine, blood, and/or breath samples, I am required to follow collection center protocols. Failure to do so, or refusing to provide the samples, will be reported to the company which may result in disciplinary action by the company.
3. The results of the urinalysis, blood test, and/or breath alcohol test will be reported to the company. Test results will not be released to any other party without my written authorization. Test results will be maintained at the collection center.
4. List any medications and the date last taken within the past seven days:

5. To evidence your receipt, review, and understanding of this form, you are requested to complete the consent and release of information below.

** If you have any questions at all about the information on this form, please ask a representative of the collection center before signing below.

I hereby agree to provide a urine sample, breath sample, and/or blood sample (depending on my employers requirements) for purposes of testing for controlled substances and acknowledge that I have read and understand the information above. I also consent to the disclosure of the results of my urinalysis, breath alcohol, and/or blood test to the company. I also agree to release and hold Steward Health Care System, including, employees and agents harmless from any claim, damage or injury that may arise by virtue of such disclosure.

Patient's Name (Print)

Date

Patient's Signature

Witness

Company Name

Code Word