



Substance Abuse Testing

DONOR AUTHORIZATION TO TEST & RELEASE FORM

Non-DOT/CPS/Court & Pre-PAID

DONOR INSTRUCTIONS: Thank you for choosing Forensic Drug Testing Services, Inc (FDTSI) as your professional testing provider. In order to properly process your test request, we ask that you provide all the below listed information, so we can be sure your test results are properly and confidentially reported to the proper requesting/authorized party(s). Your cooperation is truly appreciated.

WHAT TO EXPECT: You will be asked to keep all valuables and other belongings locked-up within your vehicle. Children under the age of 18 must be continuously supervised and controlled by your approved caregiver. Once called, you will be required to enter the Collection facility and make a first attempt. No delays will be accepted. Once inside you will be asked to select a sealed collection container, empty your pockets, remove jackets and hats, wash your hands, then provide no less than 45 ml of urine. Separate voids can not be combined to reach the minimum 45 ml volume requirement. Upon sample presentation the Collector will check for acceptable color, temperature and appearance. Any suspected sample tampering/abnormality will result in an immediate same-sex direct observation. If you are unable to provide 45 ml of urine in one void, you will be offered no more than 40 ounces of water, while remaining under direct supervision of the Collector at all times. YOU MAY NOT LEAVE THE OFFICE, until a valid sample is provided. Leaving will be a refusal to test. The waiting period can last up to 3 hours. *Hair testing may be an option.*

REFUSAL TO TEST ADVISEMENT: Please keep in mind that your full and willful cooperation and courtesy is needed to complete this process. This means you must follow the Collector's verbal requests and directives at all times, even if you think it is inappropriate or invasive. You must not swear, raise your voice, harass, intimidate, touch, push, bribe, flirt, or threaten the sample collector at anytime.

Reminder: This entire process requires your ongoing consent to complete. Stopping or refusing to test may result in your employer/ agency taking negative action, including termination of employment or benefit - **you may stop or refuse to continue at anytime.**

DONOR INFORMATION *(Please complete all information requested below)*

DONOR'S Legal Name: _____ **S.S.N.** _____

Driver's License #: _____ **D.O.B:** _____

DONOR's E-Mail: _____ **Cell #:** _____

Requesting Company/Agency: _____ **Who Sent You?:** _____

Purpose For Testing: _____

Duplicate Result Copy via e-mail? (\$35 per copy requested):

Special Instructions:

DONOR'S INFORMED CONSENT & RELEASE AUTHORIZATION

I authorize and allow Forensic Drug Testing Services, Inc and their staff to collect, ship, test and report my personal drug & alcohol test results, along with any supporting documents, to the above listed Company/Agency via e-mail. My signature below indicates my full consent to be tested and the release of my confidential test information.

Consenting Donor Signature: _____ **Date:** _____ **FORENSIC DTS Staff Member, Signature** _____ **Date** _____

PARENT/LAWFULL LEGAL GUARDIAN CONSENT TO TEST CHILD UNDER 18

Verifiable Parent/Legal Guardian Documentation Required (Birth Certificate, Court Order, CDL)

FORENSIC DTS, Inc. requires in-person, written consent to test any child under the age of 18. By signing this document you are giving Forensic DTS, Inc. your legal and full consent to collect a urine, hair, fingernail or other sample, or combination of samples, privately or under same gender direct observation, for purpose of testing said sample(s) for the presence of controlled substances. Further, you are directing said results to be reported to the above listed agency/company/person electronically, secured e-mail, fax or by U.S. Mail. **This consent shall expire in 30 days.**

Parent/Legal Guardian's Name(Print): _____

Parent/Guardian Consent Signature: _____

DATE: _____