

**NOTE: Practices should verify local and state regulations regarding when a drug test can be conducted. This form should only be completed when taking a drug test is appropriate.**

I hereby consent to allow Trust Point Primary Care to take a specimen of my hair, urine, or blood and submit it to a laboratory testing service for a pre-employment, random or reasonable suspicion drug test. I further consent to allow the laboratory testing service to make the results of the drug test available to Trust Point Primary Care.

I understand that [where allowed by state law] positive test results, refusal to be tested, or any attempt to affect the test sample or the results will result in withdrawal of my application for employment or withdrawal of any provisional employment offer I have received from Trust Point Primary Care, or termination of employment, depending on when the results are received.

I agree to hold harmless and release from all claims [**Company Name**] and its agents (including the above-named facility) from any liability arising in whole or part from the collection of specimens, testing, and the appropriate use of the information from such testing.

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| **Employee/applicant name:** |  |

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| **Employee/applicant signature:** |  | **Date:** |  |

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