**RC Health Services**

**Drug Testing Consent Form**

By my signature below, I consent to provide a sample of my blood and/or urine for laboratory testing to determine the presence of drugs in my body. I am familiar with my employer's policies on substance abuse and drug testing and I understand and agree that unless the sample I provide tests negative, I will be subject to denial of employment or termination of employment as provided in the policies.

I understand that the Drug testing intended to be performed may include the following:

1. Amphetamines

2. Barbiturates

3. Benzodiazepines

4. Cocaine

5. Marijuana Metabolites

6. Methadone

7. Methaqualone

8. Opiate Metabolites

9. Phencyclidine

10. Propoxyphene

11. Demerol

12. Oxycotin

In order to avoid false positive results, it is recommended that I avoid foods with poppy seeds within 72 hours prior to testing. In addition, it is recommended that I not drink liquids in excess of 40 ounces within three (3) hours prior to providing a sample of blood and/or urine for testing. I understand these recommendations and that if my sample is reported as "diluted", it will be treated as a positive result. At that time, I understand I have the opportunity to retest within 48 hours at my own expense. If the subsequent test is negative, AEMSTAR will reimburse me for the cost of the test. I understand that if I so desire, I may—at my expense—request a sample of my blood to be collected at the same time as the collection of my urine sample for subsequent testing. I also understand that I may request a copy of the drug testing policy for reference. I also understand and agree that the results of this testing will be shared with my supervisors, client companies upon their request, and others with a need to know of this information in the performance of their jobs, or as otherwise required by law.

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Applicant/Employee Name (Printed) SSN

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Signature Date