

Alpha Personnel Recruitment Limited

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Suite 1, Level 3, 27 Gillies Avenue

CONSENT FOR WORKPLACE 4308 DRUG TESTING

| Donor Name: | Anna Satanina |
|--------------|---------------------|
| Company Name | : Alpha Recruitment |

I have been requested to undergo a drug test (s), to be undertaken by a certified collector. I acknowledge this is for the purpose of determining whether I will be able to carry out required duties and have any level of illicit drugs present in my urine; or if prescribed drug (s) present in my urine higher than the accepted international standard; as defined by the Australian/New Zealand AS/NZS 4308:2008.

Testing involves me providing a urine sample which will be checked by using a verified test kit which gives instant readings. The test kit will identify cannabinoids, opiates, amphetamines, methamphetamine, cocaine and benzodiazepines (and others if applicable).

I undertake to advise the certified collector conducting the test (s) of any prescription medication, over the counter medication or herbal products that I am taking.

I agree to provide proof of my identity, which could include my photograph, to the certified collector undertaking the drug test (s).

I understand that I may be subject to undergo random drug testing onsite when placed in an Assignment by Alpha Recruitment.

I consent to the results of the drug test (s) being communicated confidentially to Canterbury Health Laboratories and to the Approved Company Representative.

If this test is a non negative for any of the drugs listed above the result may be sent to CHL as soon as possible on this day for laboratory analysis to confirm drug results.

Any collection, storage or exchange of medical information concerning any drug test results will be in accordance with the requirement of the Privacy Act. Results of the drug test (s) will only be used for the purposes for which they were obtained.

 $\frac{HiQPdf\ Evaluation\ 01/10/2018}{\text{I have read, and had explained to me, the testing procedures and understand the terms of this consent form. I agree to}$ undergo a drug test.

| Signature of Donor: | Date: | 10/01/2018 |
|---------------------------------|-------|------------|
| I. D: | • | |
| | | |
| Signature of Collector: | | |
| I refuse to undergo a drug test | | |
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| Cianatura | | |

Signature: