

Confidential

Existing Employee, Consent form Drug Testing

I consent to undergo a drug test, to be undertaken by a certified collecting agent (CCA) and a confirmatory test to be undertaken by an accredited laboratory, both appointed by **THE PAIRATAHI TRUST**. I acknowledge these tests are to determine whether illicit or restricted drug(s) or a misused prescribed drug(s) present in my urine, at concentrations higher than the accepted international standard as defined by the AS/NZS 4308:2008.

I understand that a urine sample will be collected and the drugs being tested for are cannabinoids, opiates, amphetamine-type substances (including benzylpiperazine), cocaine, benzodiazepines, (and others if applicable).

THE PAIRATAHI TRUST undertakes that the result of the test will be used only for the purpose for which they were obtained, and that any collection, storage or exchange of medical information concerning the test will be in accordance with the Privacy Act.

I undertake to advise the CCA collecting my urine of any medication that I am taking. I also agree to provide the collecting agent with photograph identity, if required to do so. I consent to the results of the drug test(s) being communicated confidentially to the authorised representative of **THE PAIRATAHI TRUST**.

I understand that I may request a second confirmatory test be conducted on the duplicate specimen and analysed within 14 days of receiving the result. For the second test to be non-negative there need only be the presence of drug or metabolite detected (i.e. not cut off limits). This will be accepted as a conclusive result and costs associated with this test will be borne by me. If the second test proves negative this will be accepted as a conclusive result and **THE PAIRATAHI TRUST** will reimburse costs associated with this test.

I understand that a refusal to sign this form for the drug test, or the return of a non-negative result means **THE PAIRATAHI TRUST** disciplinary procedure for serious misconduct will follow and that I will be required to voluntarily join rehabilitation. In the case of an internal transfer, the job offered/applied for will not be confirmed or offered to me. I have read this consent form, or have had it explained to me, and I understand its contents.

Employee name & signature: _____

Date: _____

CCA name & signature: _____

Date: _____

Tick those that apply

- | | |
|--|---|
| <input type="checkbox"/> Not negative | <input type="checkbox"/> Reasonable cause |
| <input type="checkbox"/> Random | <input type="checkbox"/> Internal transfer |
| <input type="checkbox"/> Post incident | <input type="checkbox"/> Rehabilitation follow-up |