

## DRUG TEST REQUEST

CODE NO.: \_\_\_\_\_  
Accession No.: \_\_\_\_\_

OR#: \_\_\_\_\_

Name: \_\_\_\_\_  
Surname First Name Middle Name

Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
(mm/dd/yy)

Age: \_\_\_\_ Sex: \_\_\_\_ Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
(mm/dd/yy)

Civil Status: \_\_\_\_\_

Place of Birth: \_\_\_\_\_  
(Town) (City) (Province)

Requesting Party: \_\_\_\_\_

Purpose:  
☐ Pre-employment ☐ Random ☐ Reasonable suspicion/cause  
☐ Return to duty ☐ Follow-up ☐ Others (pls. Specify) \_\_\_\_\_

Drugs test to be performed:  
☐ THC ☐ MET ☐ THC & MET ☐ THC, COC, PCP, OPI, AMP  
☐ Others (pls. Specify) \_\_\_\_\_

## CERTIFICATION

I certify to the best of my knowledge that ***I have not been found*** positive of any regulated drug by any Drug Test Laboratory for the past six (6) months.

And that should be found making false statements to this regard, I shall be held liable and shall be charged of perjury. And that all appurtenances, in case I shall be found negative by this Drug Test Laboratory, shall be revoked as a consequence of such statement.

Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Complete address: \_\_\_\_\_

Date: \_\_\_\_\_

## DRUG TESTING CONSENT FORM

(Form DT – 001)

Code No.: \_\_\_\_\_

Name: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Time: \_\_\_\_\_  
Surname First Name Middle Name (mm/dd/yy)

Address: \_\_\_\_\_ Tel No.: \_\_\_\_\_

Birthdate: \_\_\_\_\_ Age: \_\_\_\_\_

Sex: ☐ Male ☐ Female Civil Status: \_\_\_\_\_

Company: \_\_\_\_\_

### Purpose of Drug Test:

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Employment   | <input type="checkbox"/> Private          | <input type="checkbox"/> Government      |
| <input type="checkbox"/> License  | <input type="checkbox"/> Driver's         | <input type="checkbox"/> Firearm's       |
| <input type="checkbox"/> Student  | <input type="checkbox"/> Secondary School | <input type="checkbox"/> Tertiary School |
| <input type="checkbox"/> Candidate for Public Office whether appointee or elected   |   |  |
| <input type="checkbox"/> Persons apprehended or arrested for violating the provisions of this Act   |   |  |
| <input type="checkbox"/> Persons charge before the prosecutor's office with a criminal offense having an imposible penalty of imprisonment of not less than six (6) years and one (1) day |   |  |
| <input type="checkbox"/> Others (specify) _____   |   |  |

**Instructions:** Answer the questions below by checking the appropriate spaces below your answer. Afterward, read the statements below signing the two for your signature.

Have you taken medication / drugs in the past 30 days? ☐ Yes ☐ No

Have you ingested any alcoholic beverage in the past 24 hours? ☐ Yes ☐ No

If you are taking medication / drugs list these items below:

I hereby consent and agree to give sample of my: (Pls. Encircle)

a) Urine      b) Blood      c) Saliva      d) Hair      e) Sweat      f) Tissues

The result of any tests performed shall be provided to the requesting office or agency. My signature below acknowledges that I have read and understood the foregoing statement and I have answered all the questions truthfully.

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
(mm/dd/yy)

Signature: \_\_\_\_\_  
Client/Donor/Subject

I hereby consent and agree that my \_\_\_\_\_ specimen, if found positive be sent to duly accredited/licensed Confirmatory Laboratory for confirmatory test.

I hereby acknowledge that the \_\_\_\_\_ sample is my own and that the samples were sealed in my presence. These samples are to be tested for dangerous drugs.

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
(mm/dd/yy)

Signature: \_\_\_\_\_  
Client/Donor/Subject