



Drug, Alcohol & DNA Testing
9330 NE Vancouver Mall Drive, Suite 201 Vancouver, Washington 98662

Personal Random Drug and/or Alcohol Testing Program Rules & Consent Form

- Donor is responsible for providing an accurate description of the exact drugs and/or alcohol metabolites (ethanol or EtG) that are to be included in the random tests.
- Donor understands that there are many compounds and ingredients in things like food, drink, handwash, mouthwash etc. that can cause an EtG test to be positive and that it is the donor's responsibility to be aware of and to avoid these things while being tested for EtG.
- Donor will provide the start and end dates for the random program to NW Testing in order to schedule the program, and donor acknowledges that he/she cannot change the frequency of the tests once scheduled.
- Donor agrees that all random urine screens will be directly observed by a same-gender technician, with the exception of donors who are minors. For minor donors, collections will be conducted with the restroom door open and the technician out of direct line of sight.
- Donor agrees that dilute specimens will require an immediate re-test (NW Testing to schedule) and that three (3) dilute specimens in a row may result in termination of the random program. There are no refunds given for dilute re-tests.
- Donor acknowledges that upon starting the random program, he/she must sign a NW Testing authorization form that includes a release and contact information in order to distribute test results.
- Donor understands that argumentative behavior will not be tolerated and may result in termination of random program at any time.
- Donor understands that if a cheat device or adulterant is discovered at any point in the random program that this will automatically result in termination of the program.
- Donor understands that **no fees associated with the random testing program are refundable**, and that all fees are to be paid at time of test.
- Donor understands that he/she must call NW Testing at 360-597-4543 after 7:30am each weekday morning in order to confirm whether or not a random test has been scheduled, and that the test must be completed by close of business if confirmed. Voicemails are not acceptable.

By signing, donor agrees with (and consents to) each of the rules above.

Donor Name: _____

Donor Signature: _____ Date: _____