

DONOR'S STATEMENT OF VOLUNTARY INFORMED CONSENT

I confirm that I have donated the following specimen(s) for substance abuse confirmation testing (mark the applicable checkboxes below with X):

A freshly voided urine specimen

A blood specimen

I confirm that the specimen(s) are my own, were identified as mine, that I have signed/initialed on the specimen(s) and that the specimen(s) were sealed in my presence.

I confirm that all the information provided by me and relevant to me, on the specimen(s) and documentation is correct.

I give permission that the specimen(s) be sent to Ampath Laboratories and/or an external reference laboratory at Ampath's discretion, and I understand that a chain of custody procedure will be followed.

I give permission that tests to confirm specimen validity as well as the confirmation test(s) requested on the request form may be performed on the specimen(s) donated by me. I confirm that the test(s) to be performed were explained to me: test(s) are confirmatory, involve different methodology than screening tests and results can stand in a court of law.

I understand that the result(s) of test(s) will be reported confidentially to the requesting clinician or my employer or any designated representative of my employer and that the results will be acted upon according to my employer's substance abuse policy.

I, the undersigned, confirm that I understand and consent to all of the above of my own free will.

Donor:	Name & Surname (block letters)	ID number	
	Signature	Date	Time
	____/____/20____		
Initial:			
Collection Officer:	Name & Surname (block letters)	ID number	
	Signature	Date	Time
	____/____/20____		
Witness: (if applicable based on employer's policy)	Name & Surname (block letters)	ID number	
	Signature	Date	Time
	____/____/20____		