



Parkersburg-Marietta Contractors and Trades Educational and Development Fund

2400 Garfield Ave
Parkersburg, WV 26101
(304) 485-6322



SUBSTANCE ABUSE TESTING & ALL OTHER SERVICES CONSENT FORM

I consent to having this **LabCorp Testing Site** to collect a urine sample from me to determine substance abuse (drugs) and I also authorize the Medical Review Officer (MRO) to consult with my Physician/Pharmacy regarding prescription medications.

Further, I consent to releasing the results of such analysis and/or other services paid for to my Union, Employer and other Drug Screen Programs sponsored in part by Building and Construction Trades Councils affiliated with the Building and Construction Trades department of the AFL-CIO, and if required, to the owner or operator of the facility at which I am to be considered for employment or continued employment.

I understand that a positive test indicating the use of illegal drugs may result in discharge from my current employment.

I acknowledge that the sample I will provide is my own. _____ (initial)

I have taken or am taking the following drugs, prescription medication, or nonprescription drugs within the past thirty (30) days:
In compliance with H.I.P.A.A regulations the prescription section is optional.

NAME OF DRUG	PRESCRIBING PHYSICIAN (PHONE#)	PHARMACY (PHONE#)

NAME (PRINTED) _____ LOCAL UNION/TRADE _____

ADDRESS _____ CITY _____ STATE _____ ZIP CODE _____

SOCIAL SECURITY NO. _____ PHONE NUMBER (HOME) _____ DATE OF BIRTH _____

EMPLOYER _____ JOB SITE _____ LOCATION _____

I ACKNOWLEDGE I HAVE READ A CURRENT COPY OF THE DRUG TESTING POLICIES AND PROCEDURES FOR THE PARKERSBURG-MARIETTA CONTRACTORS AND TRADES EDUCATIONAL AND DEVELOPMENT FUND.

SIGNATURE DATE

HAS THE TEST YOU ARE ABOUT TO RECEIVE BEEN PERFORMED WITHIN THE PAST 30 DAYS? _____

FOR OFFICE USE ONLY		PFT _____	FIT _____
Scheduling Person: _____ Date: _____ Time: _____		LEAD _____	ZPP _____
POSITIVE _____	NEGATIVE _____	HEP B _____	DOT _____
RECALL LETTER: Yes NO		BAT _____	10-Panel _____
NO SHOW _____	OLD DRUG CARD COLLECTED _____	Random _____	Onsite _____
		Pre-employ _____	Post Accident _____
		Reasonable Suspicion _____	

One copy will be retained in file and one copy will be forwarded to The Fund Office.

Fax & Mail this form & Chain of Custody to 304-485-6348