

## CONSENT FOR PRE-EMPLOYMENT DRUG TEST

I, the undersigned, hereby give my consent and voluntarily submit to a pre-employment related drug test of my urine. This process includes testing for controlled or illegal substances. I understand that this may be one at the request of one of Staffing Solutions, LLC's customers or Staffing Solutions, LLC. I further understand that if my drug screen is inconclusive or positive I will not be assigned to the customer for employment.

\_\_\_\_\_  
Employee

\_\_\_\_\_  
Date

The testing may detect the presence of controlled substances which you are properly taking pursuant to a doctor's prescription. Therefore, it is important for us to know whether you are currently under such medication and that nature of the medication.

Are you under current medication? Yes \_\_\_\_\_ No \_\_\_\_\_

If so, please give the name of the medication.

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## AUTHORIZATION FOR RELEASE AND USE OF TESTING INFORMATION

I, the undersigned, hereby authorize the laboratory, clinic or organization doing the drug screening to release to Staffing Solutions, LLC, and/or its customer all results of the drug screen performed by the laboratory.

I authorize Staffing Solutions, LLC and its customer to communicate this information internally and/or between themselves as they deem appropriate and to use this information for any purpose.

The laboratory is authorized to communicate this information to Staffing Solutions, LLC and its customer. Once such information is communicated, Staffing Solutions, LLC and its customer are authorized to use it at any time thereafter.

I understand that the drug screen results will be kept as confidential as possible under the circumstances. However, if the results are made public, through no fault of Staffing Solutions, LLC, or its customer, I agree to release them from any liability for damages which may result to me.

I have read and understood this Authorization. I have received a copy of it.

A copy of this Authorization and Release shall be as valid as the original

\_\_\_\_\_  
Employee

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness



# Legacy MetroLab

Client Services  
(503) 413-5295  
(800) 950-5295

## DRUG TEST COLLECTION SITE REGISTRATION FORM

Date: \_\_\_\_\_  
 Applicant/Employee: \_\_\_\_\_ SS#: \_\_\_\_\_  
 Company: **STAFFING SOLUTIONS, LLC** Acct # **15535**  
 Phone: 503.295.9948 Contact Person referring employee: Zeta Rennie

**COMPANY INSTRUCTIONS:** Please check appropriate box for purpose of testing and give form to employee/applicant.  
**EMPLOYEE INSTRUCTIONS: BRING THIS FORM & PHOTO ID AT THE TIME OF SPECIMEN COLLECTION.**

- Avoid drinking excessive amounts of liquids (more than 12 oz) 3-4 hours prior to specimen collection.
- You may request a drug screen at any of the locations listed below without an appointment.

**COLLECTION SITE:** Please attach this form to CCF and send to MetroLab – Thank you.

### *Non-DOT Testing Only*

- |                                                    |                                         |
|----------------------------------------------------|-----------------------------------------|
| <input checked="" type="checkbox"/> Pre-Employment | <input type="checkbox"/> Follow up      |
| <input type="checkbox"/> Post Accident             | <input type="checkbox"/> Return to Duty |
| <input type="checkbox"/> Reasonable Cause          | <input type="checkbox"/> Random         |
|                                                    | <input type="checkbox"/> Breath Alcohol |

**Drug Test Collection Sites:**     ♣ Fast-Trak, One Hour Drug screen     © Breath Alcohol testing     ▲ Saliva Alcohol testing

- Legacy Central Lab:** 1225 NE 2nd Ave. (at the former Holladay Park Hosp.), **Portland, OR 97232** ♣ © ♦  
 (503) 413-5113 **Open 24 Hours from Mon 7:00am thru Sat 4:30pm** [closed Sunday] Fax: (503) 413-5485
- Legacy MetroLab -Twin Oaks:** 1815 NW 169<sup>th</sup> Place, Building 6, Suite 6025, **Beaverton, OR 97006** ♣ © ♦  
 (503) 533-2278 Hours: M – F 8:30am - 5:00pm [closed 12:00noon - 12:30 pm] Fax: (503) 533-8238
- Legacy Lab St. Helens Good Samaritan Medical Mall:** 500 N. Columbia River Hwy, **St. Helens, OR 97051** ♣ ♦  
 (503) 397-1801 Hours: M – F 8:30am - 5:00pm Fax: (503) 366-3484
- Legacy MetroLab -Tualatin:** 7587 SW Mohawk St, **Tualatin, OR 97062** ♣ © ♦  
 (503) 692-2700 Hours: M - F 8:30am - 5:00pm [closed 12:00noon - 12:30 pm] Fax: (503) 692-4546
- A Worksafe Service, Vancouver-West:** 3305 Main St. **Suite 111,** **Vancouver, WA 98663** ♣ © ♦  
 (360) 750-9765 Hours: M – F 8:30am - 5:00pm [closed 12:00noon - 12:30pm] Fax: (360) 750-9770

## **STAFFING SOLUTIONS, LLC – DRUG TESTING POLICY**

Staffing Solutions, LLC and its clients, have a strong commitment to their employees to provide a safe environment and to promote high standards of employee health. Consistent with the spirit and intent of this commitment, many of our clients have established a policy on drug and alcohol use. The goal of these policies is to establish and maintain a work environment that is completely free from the effects on employees of alcohol and drug use. In all respects our policy will be the same as our client's policy, unless parts or all of our client's policy is not legal.

### **PRE-EMPLOYMENT TESTING**

Pre-employment screening of employees for unlawful drug use is required by some of our clients. We will notify you if you are being considered for an assignment with one of these clients. At that time, if available, you will be given the client's drug policy. You will be required to follow that policy as a condition of employment with that client.

### **TESTING PROCEDURE**

Pre-employment drug testing may be a pre-requisite of certain jobs with certain clients. Drug testing is conducted at Legacy Laboratory Services/MetroLab.

### **TEST RESULTS**

Drug test results; inconclusive, positive, or negative; and the fact that a test was performed, will be kept as confidential as possible under all the factual circumstances. Our client, of course, must be notified. Further testing, second testing, what constitutes a refusal to take the test, the extent to which other legally prescribed medications are present in the sample, and any other matters involving the tests will be conducted in accordance with the policy of our client.

### **FUTURE EMPLOYMENT WITH US**

If your test is confirmed positive by the laboratory, we will not consider you for placement with any of our clients for a period of six months.