



**PRE-EMPLOYMENT / PRE-ACCESS
DRUG & ALCOHOL COMPLIANCE VERIFICATION FORM**

Date: _____ Location/Job #: _____

Facility #: _____ Craft: _____

Donor Name (PLEASE PRINT CLEARLY): _____

Donor SSN: _____ Donor DOB: _____

Phone # Where You Can Be Reached (include area code): _____

I authorize the collection of this specimen for the purpose of a drug test. I certify that I provided my urine specimen to the collector and that I have not adulterated it in any manner. I acknowledge that the specimen container(s) was/were sealed with tamper-proof seal(s) in my presence, and that the information provided on this form and on the label(s) affixed to the specimen container(s) is correct. I authorize the laboratory to release the results of the test to the company identified on this form or its designated agents. I consent to the release of the results to AIC, the MOST Program, and its designated agents.

Donor Signature: _____

TO BE COMPLETED BY SCREENING PERSONNEL :

Insta-Check Result

- NEGATIVE** (Collector: **Please fax or email completed form and COC to MOST at (913) 281-2504 or rtiebout@mostprograms.com.** A copy may be released to the donor or supervisor if requested.)
- NON-NEGATIVE** (Collector: **Do not** release form to donor! **Fax or email completed form IMMEDIATELY to AIC at (925) 671-8133 and MOST at (913) 281-2504 or rtiebout@mostprograms.com.)**
The donor has up to 3 hours to submit an acceptable specimen. If donor refuses or an acceptable specimen cannot be produced the donor is out of compliance. Please note above and on the Alere chain of custody form.

Time: _____ Device Name: _____ Integrated E-Z Split Key

PRINT Name of Screening Person

Signature of Screening Person

CLINIC ID Code
If unknown call MOST

Specimen ID No.

**After faxing/emailing, please mail MRO copy of Chain of Custody & this form to:
MOST, 753 State Ave., Ste. 800, Kansas City KS 66101**