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| **COMPANY INFORMATION** |
| **Company Name:** | **Location of Company:** |
| **Mailing Address:** | **Fax Number:** |
| **Billing Address:** | **DER Name:** |
| **DER Phone Number:** | **DER Email:** |
| **Alternate DER Contact:** | **Alternate DER contact Number:**  |
| **Authorized Employee Booking**  [ ]  YES [ ]  NO \*company will allow individual to book own tests without the DER Booking it. |

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| **TESTING** |
| Type of test that the company will be requesting:   [ ]  Breath Alcohol [ ]  Panel 7 [ ]  Panel 10 [ ]  Panel 12 |
| Type of tests:[ ]  Lab Based [ ]  Express [ ]  Both  |
| Types of reasons that the company will be requesting: (Choose multiple answers if appropriate)[ ]  Pre-Access [ ]  Pre-Employment [ ]  Random [ ]  Reasonable Cause/Suspicion [ ]  Return to Duty [ ]  Follow-up [ ]  Post Accident |
| How does the company want to receive results?(Choose multiple answers if appropriate)[ ]  Email [ ]  Phone Call [ ]  Fax  |
| Does the company want Classic LifeCare North to share results with employees?[ ]  YES [ ]  NO  |
| If yes, can results receive results via email?[ ]  YES [ ]  NO  |

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| **STATEMENT OF UNDERSTANDING** |
| I understand that I will be the Designated Employee Representative (DER) for our company and that I authorize Classic LifeCare North to obtain breath alcohol and urine samples from our employees at our request which will be used to obtain preliminary analytical results for drug contents and, if required, it will be sent to a laboratory for further testing. The employee will come prepared to provide a fresh urine sample and the employee will understand that they cannot eat or drink anything once they are checked in for their appointment. The tests will roughly take 15 minutes to complete but they can take up to 3 hours if the employee is unable to provide enough volume for testing. The required urine amount will be 60ml. If the donor is later than 15 minutes for their appointment, the test will be cancelled and the company will be charged for the service. The company DER or authorized employee will need to rebook their appointment at the earliest convenience within Classic LifeCare Norths availability. Please ensure that each employee coming in for their appointment has a government issued photo ID, if they do not have this ID, Classic LifeCare North will call you, the DER for verbal confirmation of employee. If you, the DER cannot be reached, the test will be cancelled and the company will be charged for the service. As per Classic LifeCare North’s policies and procedures, no children or minors are allowed into the collection room, they are allowed to wait in the waiting area if they are supervised by someone other than a Classic LifeCare North staff. If the employee leaves a minor alone in the building, the test will be cancelled and the company will be charged for this service. If the collector has strong reason to believe that the sample was tampered with the collector will require a direct observation to be done, meaning the collector (if same gender as employee) will observe the urine collection directly where they will watch the urine eliminate from the employees body. If the employee is opposite gender, Classic LifeCare North will call you, the DER, for you to come do a direct observation of that employee. If the DER is unable to come for the direct observation, the company will make an effort to find someone who can or they will cancel the test- the company will still be charged for this service. **Classic LifeCare North has no tolerance of verbal, written or physical abuse, including bullying or harassment.** **Acceptable photo identification includes:*** Drivers License
* Photo ID issued by employer
* Employment authorization card/green card
* Firearms License
* Government (provincial/federal) issued ID
* Health Card (provincially issued)
* Indigenous Status Card
* Passport

I hereby retain Classic LifeCare North to perform and provide the above services and I have full understanding of the requirements of my employees. I will ensure that employees are aware of the above information prior to their appointment.  |
| **Designated Employee Representative Name:** |
| **Designated Employee Representative Signature:** |
| **Date:** |

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| ***FOR INTERNAL RECORD*** |
| ***LEADs/AC Number:*** | ***Verbal/Over the phone authorization***[ ]  *YES* [ ]  *NO* |
| ***Follow up email with above information sent to company DER*** [ ]  *YES* [ ]  *NO* |