

**WCISAP: WASHINGTON CONSTRUCTION INDUSTRY SUBSTANCE ABUSE PROGRAM
COLLECTORS: PLEASE SEE INSTRUCTIONS BELOW!**

EMPLOYEE NOTICE OF RANDOM SELECTION FOR DRUG AND BREATH ALCOHOL TEST

DATE OF NOTIFICATION: LABCORP ACCT. NO: 56789
EMPLOYEE NAME: ACCT. NAME: WCISAP BARGAINING
SS: DOB:
EMPLOYER NAME: EMPLOYER PHONE:

You have been selected for a random **DRUG AND BREATH ALCOHOL TEST** for the Washington Construction Industry Substance Abuse Program. A representative of your employer has been designated to deliver this notice to you and a list of collection sites. You are required to acknowledge receipt of this notice and its date and time of delivery and consent to release of test results by providing your signature below.

You must report to a collection site that administers both drug and breath alcohol tests and present this notice to collection site personnel. Failure to report for testing will be grounds for termination. On arrival at the site, you will be required to:

- present signature and photo identification, e.g., State issued driver's license;
- sign the laboratory consent form;
- provide a urine specimen for laboratory analysis; and
- submit to a breath alcohol test

TO BE COMPLETED BY EMPLOYEE:

Release: I, the undersigned employee, give my permission for the test results for the Washington Construction Industry Substance Abuse Program to be released to CleanWorkForce (CWF), the Medical Review Officer (MRO) and the Employee Assistance Program (EAP). I understand my compliance status with Program requirements will be accessible by my employers and prospective participating employers both by phone and through the WCISAP website. I agree to hold CWF harmless from any liability for its release of any information provided to it by LabCorp, the testing laboratory, the MRO and the EAP.

I acknowledge that I have read the **Release** and all of my questions have been answered. I further acknowledge that I have received this **Notice of Random Selection** on the date and at the time indicated on my Employer's copy and this copy.

Employee Signature: _____ Date _____

TO BE COMPLETED BY EMPLOYER:

Date and time Notice of Random Selection was given to employee. Date: _____ Time: _____ am pm

COLLECTION SITE INSTRUCTIONS:

- IMPORTANT INFORMATION:**
1. WRITE EMPLOYER NAME IN LOCATION FIELD ON CHAIN OF CUSTODY
 2. WHEN COLLECTION IS COMPLETE, FAX THIS FORM AND EBT RESULTS TO (206) 441-3009
 3. SEND INVOICE TO HEALTHFORCE PARTNERS, NOT TO EMPLOYER

Name of Laboratory: LabCorp
Account Name: WCISAP
Account Number: 56789
Test Profiles: Default plus Breath Alcohol Test
Special Requirements: Split Specimen