

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

EMPLOYEE NOTICE OF RANDOM SELECTION FOR DRUG TEST

DATE OF NOTIFICATION: LABCORP ACCT. NO: 12345
EMPLOYEE NAME: ACCT. NAME: WCISAP BARGAINING
SS: DOB:
EMPLOYER NAME: EMPLOYER PHONE:

You have been selected for a random **DRUG 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 within 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; and
- provide a urine specimen for laboratory analysis.

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 TO (206) 441-3009
3. SEND INVOICE TO HEALTHFORCE PARTNERS, NOT TO EMPLOYER

Name of Laboratory: LabCorp
Account Name: WCISAP
Account Number: 12345
Test Profiles: Default
Special Requirements: Split Specimen