



Formulaire d'autorisation de rendez-vous

Nom de la compagnie:
Représentant(e) désigné(e) de l'employeur:
Adresse:
Téléphone:
Télécopieur:

Nom de l'employé:

Rendez-vous demandé par (de la compagnie):

Tél.

Type de test demandé: DOT Non DOT

Raison du test (cocher seulement un choix):

- | | |
|--|--|
| <input type="checkbox"/> Pré embauche | <input type="checkbox"/> Pige au hasard |
| <input type="checkbox"/> Doute raisonnable | <input type="checkbox"/> Suivi (prélèvement sous surveillance si DOT) |
| <input type="checkbox"/> Post accident | <input type="checkbox"/> Retour au travail (prélèvement sous surveillance si DOT) |

Service(s) requis:

- Drogues - analysé en laboratoire - urine 5-panneau
- Alcool – haleine ou salive
- Examen médical "Transborder" de DriverCheck (2 drapeaux)
- Examen médical par infirmière de DriverCheck (3 drapeaux)
- Examen médical provincial de chauffeur
- Autre: _____

Information du centre de prélèvement :

Nom du site:	
Attention:	
Téléphone:	
Télécopieur:	
Date/heure du rendez-vous :	
Rendez-vous pris par:	

POUR LE CENTRE DE PRÉLÈVEMENT:

1. Un résultat de dépistage d'alcool positif doit **IMMÉDIATEMENT** être rapporté verbalement à DriverCheck au département des résultats.
2. Transmettre **IMMÉDIATEMENT** le jour même la copie 2 du MRO de la chaîne de possession et/ou le résultat du test d'alcool et/ou le rapport de l'examen médical à DriverCheck au **519-632-8238**.
3. Poster la copie 2 (du MRO) et la copie 4 (de l'employeur) de la chaîne de possession et le rapport de l'examen médical à DriverCheck.
4. Tous les spécimens doivent être expédiés à: **Gamma Dynacare, 245 Pall Mall Street, London ON, N6A 1P4.**

MRO: Dr. Chris Page/ Dr. Barry Kurtzer
DriverCheck Inc.
Boîte Postale 1186, 1 rue Manley
Ayr, ON N0B 1E0
Téléphone: 800-463-4310
Télécopieur: 519-632-8238

ACKNOWLEDGEMENT FORM

Specimen ID: _____

If a Drug and/or Alcohol test is being performed:

I, the undersigned, understand that I am subject to Drug and Alcohol testing under the Company policy (as defined below, the "Company").

I hereby authorize DriverCheck and its collection site (as defined below, the "Collection Site"), to obtain a specimen of my urine, hair, saliva, and breath to be used for the purposes of drug and/or alcohol testing according to Company policy.

I authorize the Collection Site to release the completed Custody and Control Form (the "CCF") to the Medical Review Officer (the "MRO"). I authorize the laboratory, _____, to perform the testing for drugs on the sample and to release the drug test results to the MRO, Dr. Chris Page or his designates. I authorize the MRO to release the completed CCF and the results (including quantitative levels) of the drug test to DriverCheck and I authorize the MRO and DriverCheck to release the same to the designated confidential representative(s) at the Company.

I authorize the Collection Site to release the alcohol test results and completed Alcohol Test Form (the "ATF") and/or the point of collection drug test results and completed point of collection drug test form (CCF) to DriverCheck and/or the Company and authorize DriverCheck to release the same to the Company.

I authorize the release of the drug and/or alcohol test results and related documentation as required by law, including but not limited to a duly authorized summons or court order.

For more information regarding our privacy practices, please see our Privacy Policy at www.drivercheck.ca/ourpolicy.html or call us at 800-463-4310 to request a hard copy.

Complete this section if applicable:

Should the employer (a subcontractor/third party contractor) for whom I work ("My Employer") be required to perform testing as a requirement of a client company (the "Company", below) for the purpose of their site testing requirements, I authorize my test results to be released by the designated Company representative to a designated representative of My Employer.

My Employer: _____

Compact Service
Collection Site

Company

Donor's Printed Name

Date

Donor's Signature

Confirmation of identification:

Photo I.D.

Company Representative

Witness's Printed Name

Witness's Signature