

## AMERICAN BIO-CLINICAL LABORATORIES, INTERNATIONAL

LG5 Richville Corporate Tower, Madrigal Business Park, Ayala Alabang, Muntinlupa City Tel. Nos. (632) 850-6288 / (632) 850-6289 \* Fax (632) 850-6287

## DRUG TESTING CONSENT FORM

(Form DT - 001)

## **CLIENT INFORMATION SHEET**

	1. DATE
2. LAST NAME	
3. FIRST NAME	
4. MIDDLE NAME	
5. ADDRESS	
HOUSE NO. STREET NAME	CITY/MUNICIPALITY PROVINCE
6, AGE	e
8. CIVIL STATUS Single Married Widow/	
9. DATE OF BIRTH 10: PLACE OF BIRTH	City/Mun Province Province
11. VALID ID NO 12. TIN 13. □ SS 15. EMPLOYER NAME	S U GSIS 14. SOCIAL SECURITY NO.
16. EMPLOYER ADDRESS	
	n to Duty. Mandatory Random
☐ Follow-up ☐ Post A	Accident    Reasonable Suspicion/Cause
☐ Others, specify	
18. SIGNATURE 19. COMPLETE Mother's Maiden Name	
19. COMPLETE Mother's Maiden Name	
Instructions: Answer the questions below by checking the appropri	iate spaces below your answer. Afterward, read the statements
below signing the two for your signature.	
Have you taken medication or drugs in the past 30 days? Have you ingested any alcoholic beverage in the past 24 hours? If you are taking medication of drugs list these items below:	
I hereby consent and agree to give sample of my: (Pls. Encircle) a) Urine b) Blood c) Saliva	d) Hair e) Sweat f) Tissues
a) office b) blood c) Saliva	d) Hall e) Sweat I) Hissues
The result of any tests performed shall be provided to the requesting have read and understood the foregoing statement and I have ans	ng office or agency. My signature below acknowledges that I swered all the questions truthfully.
Date: / /	Signature:
(mm/dd/yy)	*
I hereby consent and agree that my speci Confirmatory Laboratory for confirmatory test.	men, if found positive be sent to duly accredited/licensed
I hereby acknowledge that the sample is m	ny own and that the samples were sealed in my presence
These samples are to be tested for dangerous drugs.	y our and that the outliples here scaled in my presence.
Date:// (mm/dd/yy)	Signature: