

Title : Specimen Collection Acknowledgement
Number :
Approved :
Reference :

5331.04
02/11/98

EASTERN ARIZONA COLLEGE
Substance Abuse Education and Testing Program

Specimen Collection Acknowledgement

DATE: _____ 20 ____.

On this date, I have been selected for testing of my urine in accordance with Eastern Arizona College Substance Abuse Education and Testing Program. I affirm that at the time I provided a specimen of my urine for my pre-participation physical examination, I disclosed to the team physician all prescription or over-the-counter medication I was taking as of that date. I have been advised that any prescription or over-the-counter medication that I may be taking could affect the results of my drug screening being performed today. I have initialed below the paragraph that describes my status today:

1. I am not taking any prescription or over-the-counter medication today, and I have not taken any in the past seven (7) days; OR
2. I am taking, or have taken within that past seven (7) days, one or more prescription or over-the-counter medications, and I previously disclosed these medications to the Team Physician at the time of my pre-participation physical examination. I authorize the Team Physician to disclose the names of those medications to the testing laboratory if s/he deems this necessary to assure the accuracy of my drug screening; OR
3. I am taking, or have taken within the past seven (7) days, certain prescription or over-the-counter medications which I either did not disclose to the Team Physician at the time of my pre-participation physical examination, or have begun taking after the pre-participation physical, which I have submitted to the Team Physician at this time, and authorize him to disclose the names of these medication to the testing laboratory if s/he deems this necessary to assure the accuracy of my drug screening _____.

I acknowledge that the following identification number, _____, was attached to the specimen of urine that I have provided today, that it is my urine, that it is not adulterated in any way, that in my presence the specimen was sealed with a seal that had the same number written above, and by signing below, I consent to the release of the specimen to the Team Physician, to the testing laboratory, and other persons specified in the Eastern Arizona College Substance Abuse Education and Testing Program.

Athlete's Name (Please Print)

Athlete's Signature

Witness's Name (Please Print)

Witness's Signature

