Expert Drug Testing
"Our name says it all!"

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Suite 208
San Diego, CA 92108
T. 619-281-9986
F. 619-281-9996

Consent for Testing

I am requesting the following test as noted on the chain of custody(s) accompanying this document.

Donor Contact Information:
Full Name: _____
Street Address: _____
City/State/Zip: _____
Telephone/FAX: _____

Release of Information:

I agree that I would like Expert Drug Testing, Inc. to send ALL of my test results to the contact information as written below.

1st Contact Address:
Full Name: _____
Street Address: _____
City/State/Zip: _____
Telephone/FAX: _____

2nd Contact Address:
Full Name: _____
Street Address: _____
City/State/Zip: _____
Telephone/FAX: _____

Additional Notes:
_____
_____
_____
_____
_____
_____
_____
_____
Password:_____
_____

Drug / DNA Testing Agreement:

Initial Each

1. _____ If the correct and complete address is not provided results will not be sent.
2. _____ You are entitled to 3 copies of your results; additional copies are $15 each.
3. _____ If another individual/company has prepaid/paid for the test they are the owner of the results and have full access.
4. _____ If subpoenaed we require your *hand written* authorization to respond.
5. _____ Results are released if we receive a court order.
6. _____ The information on this form can not be recinded.

Definition: MRO – Medical Review Officer. "a licensed physician with knowledge of substance abuse disorders and appropriate medical training to interpret and evaluate an individual's positive test result together with his or her individual medical history and any other relevant biomedical information"

1. _____ I have been informed of what an MRO is.
2. _____ ____I request / ____Do Not Request an MRO to review my test results. ($30.00 additional fee)

I hereby indemnify, release and forever agree that in no event shall Expert Drug Testing, Inc. or its agents, affiliated companies, employees or representatives be held harmless, be liable for any damages of any kind whatsoever, including any special, indirect, or consequential damages, relating to the use of this test or information obtained by this test now or anytime in the future. I further consent to the information provided on this document and agree to have my tests results released to as noted. Release of information can be given if the correct chain of custody information is given or the password written on this document.

Signature: _____ Date:_____

Disclaimer: There are no drugs of any kind at Expert Drug Testing, Inc.; the office area is monitored with a video surveillance system; Expert Drug Testing, Inc. reserves the right to refuse service to any one at any time.