

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

NOTICE OF RANDOM SELECTION FOR DRUG TEST (OR DRUG & BREATH ALCOHOL 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 (OR DRUG & BREATH ALCOHOL TEST)** for the Washington Construction Industry Substance Abuse Program. 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 twenty-four (24) hours of receipt of this notice* and present this notice to collection site personnel. Failure to report for testing will be grounds for termination. You are encouraged to refrain from consuming excessive liquids four (4) hours prior to your test. 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, and submit to a breath alcohol test, if specified.

*** Glaziers Local 188 must test immediately upon notification while on company time as directed by the employer.**

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 US HEALTHWORKS: 28035 Avenue Stanford, Valencia, CA 91355 -- not to the employer

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