



Drug Testing Consent Form

I authorize Olive Branch Counseling Center to take a urine sample for evidence of drug use. I would like to have _____ tested for:

_____ 7 Panel: Marijuana, Opiates, Cocaine, Methamphetamines, and Barbiturates.

_____ 2 Panel: Marijuana, Methamphetamines

Cost: \$25.00 per Office test

Office results are highly dependable, however, due to the possible implication; an independent re-evaluation is suggested for positive results. This step is a choice and is not mandatory.

Release of Information:

Results to donor only _____

Results to Parents/Spouse _____

Results to Probation/Courts/Social Services _____

Supervised Sample taking:

To provide the highest reliability of the test sample a same sex attendant will visually monitor the taking of the urine sample.

Signature of Client/Patient

Date

Signature of Parent/Guardian

Date