



Construction Data Services

An International On-Site Drug Testing, Safety and First-Aid Company

ASSOCIATED GENERAL CONTRACTORS OF WISCONSIN & THE CONSTRUCTION TRADES SUBSTANCE ABUSE TESTING & ASSISTANCE PROGRAM

Consent for Urinalysis, Breath, Blood and/or Saliva Testing

I hereby voluntarily consent to a urine, breath, blood or saliva test, including the collection of a sample or samples of my urine, breath, blood or saliva pursuant to the Associated General Contractors of Wisconsin and the Construction Trades Unions' Substance Abuse Testing & Assistance Program for non-DOT Regulated Employees ("Program").

I acknowledge that I have been given notice of the Program and that I understand it. I further consent to the disclosure of the test result(s) and any test-related information by and between the contractor's testing laboratory, its clinic(s), its testing laboratory(ies), its medical review officer, its appropriate supervisory and managerial personnel, the program's Third Party Administrator and my union.

Employee SIGNATURE

Employee PRINTED name

Social Security Number

Current Employer

Craft/Trade

Local Affiliation

Date

TO CONTRACTOR: Please complete the following clinic information:

Clinic name & location: _____

street address

city

FAX THIS COMPLETED FORM TO CDS AT: 920/830-8443

1280 S. VanDyke Rd., Suite 6, Appleton, WI 54914-8256

Office: (920) 830-8440 or (888) 314-4733 - Fax: (920) 830-8443 – E-mail: info@cdsonsite.com