



**TASWORKHEALTH**

**OCCUPATIONAL HEALTH  
REHABILITATION  
AND  
INJURY MANAGEMENT  
SERVICES**

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**CONSENT FOR URINARY DRUG SCREENING (DIPSCAN OR QUICK SCAN)**

I.....being over the age of 18 years, consent to the performance of a urine drug test to be performed by TAS WORK HEALTH. I understand that the test is required as a condition of my employment, and that, although the test is performed by TAS WORK HEALTH, it is done by agreement between myself and my employer, and to no other person. I also understand that, although TAS WORK HEALTH will use all skill and care in the performance of this test they are not liable for any consequences of the performance of the test, including any consequences of its negligent performance

SIGNED: ..... DATE.....  
IN THE PRESENCE OF: .....

**DRUG URINE DIPSCAN/QUICKSCREEN TEST RESULTS (to be completed by Collector & Tester)**

**EXAMINEE NAME:** .....

**D.O.B:** .....

**PHOTO ID:** .....

**SPECIMEN TEMPERATURE: :** .....

**COLLECTED & TESTED BY**

**NAME & SIGNATURE:**

.....

**DATE & TIME COLLECTED:** .....

DRUG	POSITIVE	NEGATIVE
Marijuana/Tetrahydrocannabinol		
Opiates/Morphine		
Cocaine/Benzo		
Amphetamine		
Benzodiazepine		
Methamphetamine		

RESULTS CHECKED BY DR;.....

Specimen forwarded to Pathology Lab: (Attach Chain of Custody) YES NO