

Drug Testing Authorization & Consent Form

I, the undersigned, hereby knowingly and voluntarily authorize and consent to the collection and testing of specimens including but not limited to my hair, saliva, urine, and blood by Clarity Screening Solutions.

I authorize the collection site, laboratory and medical review officer (MRO) to disclose the results of my drug tests to _____ (name of result recipient), and I further authorize ReLyon Labs Inc to disclose the results to requested via email or fax.

I acknowledge that at the time of collection, a refusal to authorize the collection and testing of my urine and/or specimen by the collection site and laboratory, or a refusal to authorize the above disclosure of the test results will be reported to recipient and lab. In addition, I hereby knowingly and voluntarily release ReLyon Clarity Screening Solutions, the collection site, the testing laboratory and their respective officers, directors, employees and agents from any and all claims, damages, losses, liabilities, costs and expenses, including attorney fees, arising from or relating to such collection and testing and any disclosure of the results thereof, including without limitation, the disclosure of any inaccurate or incomplete results, to the fullest extent permitted by law.

I hereby authorize the testing laboratory to release the results of my drug screening to the designated recipient(s) or their authorized representatives. This authorization shall remain in effect from the date of my signature below and shall continue unless and until it is revoked in writing by me, the undersigned.

I acknowledge that I have the right to receive a copy of this authorization. I have read, understood and agree to the above Authorization & Consent in its entirety. I agree that a copy of this document is as valid as the original.

Applicant's Signature

Date

Applicant's Printed Name

Applicant Home Phone Number (may be necessary for sending documents):

Applicant Email address (may be necessary for delivering message):



Drug Testing Authorization & Consent Form

I, the undersigned, hereby knowingly and voluntarily authorize and consent to the collection and testing of specimens including but not limited to my hair, saliva, urine, and blood by ReLyon Labs Inc.

I authorize the collection site, laboratory and medical review officer (MRO) to disclose the results of my drug tests to _____ (name of result recipient), and I further authorize ReLyon Labs Inc to disclose the results to requested via email or fax.

I acknowledge that at the time of collection, a refusal to authorize the collection and testing of my urine and/or specimen by the collection site and laboratory, or a refusal to authorize the above disclosure of the test results will be reported to recipient and lab. In addition, I hereby knowingly and voluntarily release ReLyon Labs Inc, the collection site, the testing laboratory and their respective officers, directors, employees and agents from any and all claims, damages, losses, liabilities, costs and expenses, including attorney fees, arising from or relating to such collection and testing and any disclosure of the results thereof, including without limitation, the disclosure of any inaccurate or incomplete results, to the fullest extent permitted by law.

I hereby authorize the testing laboratory to release the results of my drug screening to the designated recipient(s) or their authorized representatives. This authorization shall remain in effect from the date of my signature below and shall continue unless and until it is revoked in writing by me, the undersigned.

I acknowledge that I have the right to receive a copy of this authorization. I have read, understood and agree to the above Authorization & Consent in its entirety. I agree that a copy of this document is as valid as the original.

Applicant's Signature

Date

Applicant's Printed Name

Applicant Home Phone Number (may be necessary for sending documents):

Applicant Email address (may be necessary for delivering message):