



Drug Test Consent Form

By my signature below, I consent to provide a sample of my urine for laboratory testing to determine the presence of drugs in my body.

I am familiar with my employer's policies on substance abuse and drug testing and I understand and agree that unless the sample I provide tests negative, I will be subject to denial of employment or termination of employment as provided in the policies.

I understand that the Drug testing intended to be performed may include the following:

1. Amphetamines
2. Barbiturates
3. Benzodiazepines
4. Cannabinoids/Marijuana (THC)
5. Cocaine Metabolites
6. Demerol (Meperdine)
7. Fentanyl
8. Methadone
9. Methaqualone
10. Opiate Metabolites
11. Oxycotin
12. Percodan
13. Phencyclidine (PCP)
14. Propoxyphene
15. Tramadol
16. Nicotine
17. Alcohol

In order to avoid false positive results, it is recommended that I avoid foods with poppy seeds within 72 hours prior to testing. In addition, it is recommended that I not drink liquids in excess of 40 ounces within three (3) hours prior to providing a sample of urine for testing. I understand these recommendations and that if my sample is reported as "diluted", it will be treated as a positive result. At that time, I understand I have the opportunity to re-test within 48 hours at my own expense. If the subsequent test is negative, Titan Medical will reimburse me for the cost of the test.

I also understand that I may request a copy of the drug testing policy for reference. I agree that the results of this testing will be shared with my supervisors, client companies upon their request, and others with a need to know of this information in the performance of their jobs, or as otherwise required by law.

| | |
|-------------------------|------------------------|
| Employee Name - Printed | Social Security Number |
| Signature | Date |