## **Family Care**

## Water Tower Square - 601 Washington Ave. Suite 201 **Newport, Kentucky 41071**

Fax 859-291-5666

Phone 859-291-5600

**DRUGSCREEN LINE: 859-760-0382** 

- 1) You will be required to CALL 859-760-0382 7 -Days a week. The message will inform you if your color is testing for that day. IT IS YOUR RESPONSIBILTY TO GET THIS INFORMATION.
- 2) When you color is called report to DDW of NKY Retween 100M 6PM
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2) When you color is called report it	DOW OF TAKE, BELWEEN TOWN.
3) Call the Drugscreen line for other	· office hours and information.
· · · · · · · · · · · · · · · · · · ·	R COLOR IS CALLED WILL BE REPORTED TO THE AGENCY THAT ASSIGNED YOU!
TESTING OPTIONS:  10-Panel Lab Verified EtG (80 Hour Alcohol test) On Site EtG (80 Hour Alcohol test) LAB	K-2 Spice (Synthetics) only = On Site Panel K-2 Spice or Bath Salts Lab Verified Alteration Detection Strip Fentanyl Hair / Nail (Call for options) Other It you are not prescribed, YOU WILL BE REQUIRED TO HAVE IT LAB VERIFIED.
YOUR COLOR IS ORANGE TYPE OF TEST	
required to sign in and provide a valid form of produce a specimen. If you do not produce a (No refund will be given).	included on the recorded message. When you arrive at the Testing Location you will be f ID. After signing in, you will be allowed until End of testing of that day or 3 attempts to testable sample at that time it will be considered a failure to produce.  Technicians will not accept specimen volumes lower than 30ml. and not within
6) After signing in, you will not be allo	owed to leave the testing area. Doing so is a failure to produce.
7) All participants will be closely observed dur specimen to be accepted.	ring the testing process. You must allow the technicians reasonable observation for the
to empty your pockets. No personal items ma	aggy clothing as not to obstruct viewing collection. We also reserve the right to ask you as be taken into the restroom. Suspicious collections are subject to further action. ms used to smuggle samples, and reporting this to referring agency or judge.)
10 ) Technicians have the right to refuse to te	est any participant who does not fully cooperate.
11) NO TALKING ON CELL PHONES AT ANY TI	<u>ме.</u>
12) You must produce prescriptions for any m prescription or a print out from your pharmac I have read and understand the above require	
Clients Name	DECEDDED DV.

**PLEASE READ CAREFULLY** AND BRING THIS COPY TO DDW OF NKY

Date

Print Name\_