TOURO UNIVERSITY
CALIFORNIA

Student Health Center

1310 Club Drive Building H-89 Suite 1537, Vallejo, CA 94592
Phone: 707-638-5200 Fax: 707-638-5261

Request for Urine Drug Screen

Instructions: Students must have both pages of this form filled out entirely in order to proceed. Students must obtain the appropriate program approval and signatures and submit forms by email to: tuc.studenthealth@tu.edu. A confirmation email will be sent to the student via email, within 48 business hours, with further instructions.

Date: _____

This is to confirm that the student named below must be scheduled for a drug screen as required by the rotation site(s) within _____ days of the start of rotation.

Name of Student: _____ **Student ID Number:** _____

Date of Birth: _____ **Program and Year:** _____

Rotation Site: _____

College/Program Representative to fill out the portion below:

- ☐ Urine Drug Screen is requested by a **REQUIRED** Rotation Site **Program Rep. Initials: ____**
  - Fees are covered by Touro University California
- ☐ Urine Drug Screen is requested by an **ELECTIVE** Rotation Site **Program Rep. Initials: ____**
  - $55.00 Urine Drug Screen Fee Applies - Student will assume ***Financial Responsibility*** for the cost of the Urine Drug Screen or any other lab fees. Once this form is received by the student health center, you will be sent an email containing a link to make a payment online.

Approved by: _____ Title: _____

Signature: _____

By Signing below, I (Student) acknowledge the above terms:

Student Signature: _____ ***Date:*** _____

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Drug Screen Results
Authorization for Release of Information

_____

Print Name (last, first)

DOB: _____ ☐ **Male** ☐ **Female** **Program & Year of Graduation**_____

Informed Consent

I authorize the Touro University Student Health Center to release the results of my Drug Screen and send copies of those results to my school's designated contact person and the experiential clinical practice sites that I may be assigned to as required by those facilities and their accrediting bodies.

I acknowledge that Touro University Student Health Center is the only recipient of these reports and that the Touro University Student Health Center has no hand in performing the analysis of the sample other than possible collection. I hold Touro University Student Health Center harmless of any liability for the contents of the information contained in those reports or for inadvertent or accidental release of said information.

I understand that I must contact ARCPoint labs to coordinate my urine drug screen whether I am within or outside of Northern California. By signing this informed consent, I acknowledge that if I have services provided in a location not provided or coordinated by ARCPoint labs that I will assume financial responsibility for all charges.

_____ _____

Student Signature Date