

**OUTSIDE AGENCY TESTER INFORMATION AND AGREEMENT**

Name: \_\_\_\_\_ DOB: \_\_\_\_\_

You have volunteered or been directed to complete drug testing at the Lancaster County Department of Community Corrections by \_\_\_\_\_.

If you are not voluntarily completing testing and have been referred by another agency, the number of times you test each week is specified by the referring agency/caseworker. You will be given a test group color that will determine the minimum amount of time you be tested.

You must complete the *Outside Agency Tester* form each time you come in for testing. A copy of your testing results from this form will be provided to you, if requested. You understand all testing results will be submitted to the agency/caseworker that has directed you to complete testing. If you are voluntarily testing, you may provide names and contact information of any parties you may want your results to be sent.

**You must call the Drug Testing Line at (402) 441-8747 every day!**

To test, you will report to:

**605 S 10<sup>th</sup> Street  
Lincoln, NE 68508  
(South entrance)**

**You have been assigned to:**

|  |                                       |  |
|--|---------------------------------------|--|
|  | <b>Morning Testing: 7 days a week</b> | <b>5:30 AM to 9:00 AM</b><br>(Call in line changed at 5:15 AM) |
|  | <b>Evening Testing: 7 days a week</b> | <b>4:30 PM to 7:30 PM</b><br>(Call in line changed at 4:15 PM) |

**You have been assigned to the color:** \_\_\_\_\_

A testing fee of \$ \_\_\_\_\_ per test is required to be paid PRIOR to completion of your testing, unless otherwise given permission.

Once you report, you must remain at the testing site until you have provided a urine sample. If you fail to provide a sample before the end of testing or fail to come in for testing, the referring agency/caseworker will be notified.

You understand that you must comply with the protocols of this testing facility to complete your drug testing at this location.

I, the undersigned, have read or had the above instructions read to me. I understand all the information contained in the instructions and requirements of the testing program at Lancaster County Department of Community Corrections.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_