

# Outside Agency Tester Information and Agreement

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

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

The number of times you test each week is specified by the directing agency/caseworker. You will be given a test group color that will determine the minimum amount of times you will be tested.

You must complete the outside agency tester form when you come in for testing. A copy of your testing results will be provided to you, if requested. You understand that all testing results will be submitted to the agency/caseworker that has directed you to complete testing.

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

### To drug test, you will report to:

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

### You have been assigned to:

<u>Morning Testing: 7 days per week</u>	<b>5:30 AM to 9:00 AM</b> <i>(Call in Line changed at 5:15 AM)</i>
<u>Evening Testing: 7 days per week</u>	<b>4:30 PM to 7:30 PM</b> <i>(Call in Line changed at 4:15 PM)</i>

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 directing 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 read to me the above instructions. I understand all the information contained in the instructions and requirements of the testing program.

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