Drug Free Sport™

Institutional Drug-Testing Program

Student-Athlete Notification Form

[After student-athlete signs, institution may provide the student-athlete with a copy of this form.]

Student-Athlete: _____ Date of Notification: _____

Institution: _____ Time of Notification: _____am/pm

Sport: _____ Notification: ☐ in person ☐ direct phone contact

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I, The Undersigned:

- Acknowledge being notified (either in person or by direct telephone contact) to appear for institutional drug testing and have been notified to report to the drug-testing station with **picture identification** at

  _____, on _____ at _____ am/pm.
  (location of test) (date of test) (time of test)

- I will be prepared to provide an adequate specimen and will not over hydrate. **(Do not drink too many fluids.)** I understand that providing numerous diluted specimens will be cause for follow-up drug testing.

- I understand failure to appear at the site on or before the designated time may constitute a withdrawal of my previous consent to be tested as previously indicated on the Drug-Testing Consent Form and could result in a penalty.

By signing, I have been notified of my selection for drug testing, and am aware of what is expected of me in preparation for this drug-testing event.

Student-Athlete's Signature: _____

Phone number on test day: _____

Comments: _____

For Collection Crew Use Only:

Void 1: Validator: _____ **SG:** _____ **Beaker Bar Code Label:** _____

Void 2: Validator: _____ **SG:** _____ **Beaker Bar Code Label:** _____

Void 3: Validator: _____ **SG:** _____ **Beaker Bar Code Label:** _____

Void 4: Validator: _____ **SG:** _____ **Beaker Bar Code Label:** _____

Specimen Bar Code Label: _____

Revised: June 2014