

ACI/COATS DRUG TESTING PROGRAM REFUSAL TO TEST DOCUMENTATION FORM

Complete ALL applicable information - fax to MTS – Program Administrator: 317/262-2222

Date: _____ Time: _____ Location/Job Site: _____

Name - Person Refusing: _____ ID/SS# _____

Company person is working for: _____

Documentation of Circumstances of Refusal – Check all items that are applicable:

- Employee refused to report for a required test after being instructed by company or authorized person to do so – provide details:**

Notes: _____

- Collection Site Refusal Situation:** Write "REFUSAL" on CCF if one was started and fax CCF with this form to MTS. Attach additional documentation on separate page if needed.

Provided specimen with temperature ____ less 90 ____ greater 100 & refused to provide a 2nd specimen under direct observation – left without completing another collection

Shy bladder - failed to provide a sufficient specimen within 2 hour limit

Failed to cooperate with testing process – explain: _____

- Other, explain:** _____

If possible, please verify the following information:

- Employee was verbally told his/her actions would be a refusal** ____ Yes ____ No

If yes, name of person informing employee of this? _____

- Was company informed of refusal? Explain:** _____

- Person (company or collection site) filling this out needs to provide requested information below:**

Name: _____ Company: _____

Phone #: _____ Cell Phone #: _____

Other Pertinent Information: _____

=====
**MTS
Use
Only:**

Results – Prepare items checked below – ret to _____: ____ Enter refusal in DB & MRO Review ____ Prepare refusal report for Company ____ Invoice \$25.00 ____ Invoice \$15.95 (DB Entry) ____ Other: _____ Completed by: _____ on _____
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MRO Asst. Verification ____ Company Notified on _____ by _____ ____ Refusal enter DB & Notes – MRO Review ____ Refusal mailed to Company ____ SAP-Referral mailed employee (if applicable) Completed by _____ on _____
