

**University of Missouri Student Health Center**  
Agreement to submit to a Pre-participation clinical Urine Drug Test

I understand that my participation in clinical rotations is conditional upon successful completion of a urine drug test. I further acknowledge that failing any part of the health screening, including this drug test, may result in consequences as determined by my academic program. I further understand that my refusal to cooperate in any way with the drug testing procedure will also be grounds for withdrawal of my participation in clinical rotations.

I authorize the release of the results directly to the Student Health Center Prevention team, who will release the results to my academic program who need to know the results for the purpose of evaluating my suitability for clinical experiences. I understand that these results will be kept confidential to the extent possible and will not be released to a third party.

I agree to hold the University of Missouri and any affiliated or related facilities or entities and their respective officers, directors, employees, agents and servants harmless for their use of the results of these tests and the release thereof to any person or entity within the University of Missouri.

I acknowledge and agree that the sample given by me shall become the property of the Student Health Center, any affiliated or related facilities or entities and I hereby relinquish all rights to ownership and possession thereof.

I have listed below any medications taken within the last 48 hours, both prescription and over-the-counter, as well as the name and phone number of the physician who prescribed any prescription drug listed. If none, I have written "none" in the space provided.

Medication(s) taken:

Physician's Name/Address/Phone Number:

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I \_\_\_ have/\_\_\_have not (check one) been treated by a dentist or ear, nose and throat doctor within the last week. If so, the date(s) of treatment is/are as follows: \_\_\_\_\_

By placing my signature below, I attest to the accuracy of the foregoing, authorize management to contact my physician regarding the medications taken, and agree to be bound by the terms of this consent. I further certify that I have read and understand the foregoing, have had an opportunity to ask questions and agree to submit to the pre-clinical experience urine drug test.

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Student's Name (Printed)**

\_\_\_\_\_  
**Student's SSN**

\_\_\_\_\_  
**Student Signature**

\_\_\_\_\_  
**Witness**

\_\_\_\_\_  
**Student Number**

## Two Options-Drug Alcohol Screening for Health Related Profession Students

**DAS 14-** The 14 drugs to be tested on the urine panel are: Amphetamines, Barbituates, Benxodiazepines, Cannabinoids, Cocaine, Ethanol, Ketamine, Meprobaniate, Methadone, Meperidine, Opiates, Oxycodone, Propoxyphene, Tramadol

**DAS 5 –** The 5 drugs to be tested on the urine panel are: Amphetamines, Cannabinoids, Cocaine, Opiates, Propoxyphene

### OPTION #1-

#### Student Health Center (able to charge to your student account) – Test is Performed at the Boyce and Bynum laboratory.

Call 882-7481 and schedule an appointment with a Prevention Team member. The nurse seeing the patient will generate a Boyce & Bynum lab slip requesting the appropriate DAS (drug/alcohol screen). The patient will check out at the Student Health Center cashier desk, either charging the test cost to their student account or paying by cash, check or credit card. Students can request that their insurance be filed. A Student Health Center nurse will contact each student via confidential e-mail when the results are available (sent by Boyce and Bynum Laboratory).

#### Cost:

DAS 14 (School of Nursing): \$60.00

DAS 5 (all other programs) \$30.00

**Hours: 9 am – 11:45 am and 1 pm – 4 pm, M - F**

**Boyce and Bynum phone: 573-886-4631**

#### Directions to Boyce and Bynum Lab

Go north on College Avenue (towards downtown). When you reach the intersection of Broadway and College Ave., turn left, (west). Go all the way thru downtown, crossing over Providence Rd and then Garth Avenue. The Columbia Public Library is on the left and a few car lengths down on the right is Doctor's Park. You can turn right at either the first or second entrance. Boyce and Bynum is located in Building 2, Suite H.

\*\* Testing is done on a walk-in basis. **Don't forget the lab slip the SHC nurse gave you.**

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### OPTION #2

#### Mid-Missouri Drug Testing (424-0976) (must pay cash, check or money order at the time tested)

Drug testing at this facility is on a walk-in basis. Hours are Mon – Fri, 9-4. As stated above, you must pay at time of service. A Student Health Center nurse will contact each student via confidential e-mail when the results are available (sent by Mid-Missouri Drug Testing).

#### Cost:

DAS 14 (School of Nursing): \$42.50

DAS 5 (all other programs): \$28.50

#### Directions to Mid-Missouri Drug Testing Collections

From I-70 take the Stadium exit, turn left. Take Stadium to W. Worley St, turn left. The first street is Bernadette, turn right. The office is directly behind Pizza Hut.

From Hwy 63, take the Stadium exit – stay on Stadium past Broadway, the next street is Ash, the next is W. Worley, turn right. The first street is Bernadette, turn right. The office is directly behind Pizza Hut.

**Mid-Missouri Drug Testing phone: 573-424-0976**

**Hours: 9 am – 4 pm**

Testing is done on a walk-in basis.

