

Collection Centre Nomination Form

Complete this form and send it to us within 48 hours of being advised that you must go for screening. Email: medicalcouncil.monitoring@mcnsw.org.au Fax: 02 9816 5307

Your name _____

Type of screening Urine drug screening (UDS) EtG screening
 Hair Drug Screening (HDS) CDT

Council approved collection centre

NOTE - Not all approved centres are able to collect for HDS.
 If you are required to screen with HDS you may be required to nominate two collection centres. Council approved centres can be found at:
https://www.mcnsw.org.au/sites/default/files/list_da_screening_collection_centres_april_2018_word_version.pdf

I will be attending:

Name of collection centre	Type of screening

Alternative collection centre

I cannot attend any of the listed Council approved collection centres because:

Please return this form to the Medical Council's Monitoring Team, fax 02 9816 5307, email medicalcouncil.monitoring@mcnsw.org.au or post PO Box 104, Gladesville NSW



Alternative collector – the Council must approve this before you start screening

Name of collector/contact person _____
(Title and full name)

Organisation _____
(name of collection centre, clinic or practice)

Email Address _____

Contact number _____

Address where sample collection will be taken _____

Postal address _____

I certify that this information is true and correct,

Your signature

Date

Office use only

Date of receipt

Complies with relevant criteria Yes No Reason/s

PO initials and date

Approval by Council Delegate Yes No Reason/s

Council Delegate name, signature and date

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