

## Participant Signed Acknowledgement

**\*\*\*Complete and return this form to HPSP\*\*\***

This form is provided to you in conjunction with the Toxicology Screening Instructions. After reviewing the document, complete and return this form to HPSP with your signed Participation Agreement or as otherwise requested.

As part of HPSP's toxicology screening process, I agree to:

**1) Register with Hennepin Healthcare (HH)**

Complete and return the tan attached **HH Account Generation** form to HPSP (page 11).

**2) Establish a Collection Site**

I will provide my urine specimens at the following preapproved sights (check all that apply):

HH     Mayo EHS (Rochester)\*     Park Nicollet EHS\*     Methodist EHS\*

*\*Participants must be employees and should contact employee  
or occupational health programs to register prior to providing specimens*

**OR**

I will provide my urine specimens at:

Other - If choosing this option, provide the attached **Collection Site Protocols Agreement** form (page 12) to the proposed collection site. The proposed collection site must complete and return a copy of the form to HPSP. The proposed collection site(s) is: \_\_\_\_\_

Additional Collection Site Protocols Agreement forms can be found on HPSP's website at:

<https://mn.gov/boards/hpsp/toxicology/>.

I have read and understand the information provided in the Toxicology Screening Instructions and I authorize HPSP to communicate with my specimen collectors and lab regarding the collection or screening processes or results.

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

*Thank you for your continued cooperation.*