



UB Athletics Department
Notification Form

Student ID Number: _____

Date of Notification: _____ Time of Notification: _____am/pm

I, the undersigned acknowledge being notified to appear for drug testing and have been notified to report to the Campus Clinic on _____ on or before _____am/pm.

I will be prepared to provide an adequate specimen and will not overhydrate. I understand that I may have a witness accompany me to the drug testing site. 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: _____

I can be reached at the following telephone number on the day of testing _____.

Comments:

FOR COLLECTION USE ONLY

Void No.1: pH: _____ specific gravity: _____ Void No.3 pH: _____ specific gravity: _____

Void No.2: pH: _____ specific gravity: _____ Void No.4 pH: _____ specific gravity: _____



Student Athlete: _____ Date of Test: _____

Location of Test: _____ Time of Test: _____am/pm

Report to the test site 15 minutes before scheduled appointment time with picture identification. Do not drink too many fluids.