

Appendix C

**NOTIFICATION OF SCHEDULED SCREENING DRUG TESTING**

**TO:** \_\_\_\_\_ *Student Athlete*

**FROM:** \_\_\_\_\_ *Athletic Director*

**DATE:** \_\_\_\_\_

**RE:** \_\_\_\_\_ *Scheduled Drug Test Screening*

Your name has been selected for screening drug testing as a member of the: \_\_\_\_\_.

You are to report to \_\_\_\_\_ on \_\_\_\_\_

at \_\_\_\_\_. If you cannot report at this time, **YOU MUST** call your athletic trainer to **re-schedule for another time on that same date.**

**It is mandatory that you report for this scheduled drug test on the specified date listed above.**

You will be required to provide a urine specimen (or alternative collection method such as saliva testing via oral swab) at that time, consistent with the policies and procedures established by the East Carolina University Athletics Drug Education, Screening, Counseling, and Testing Program

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**I understand that failure to appear at the assigned time will result in a positive test:**

Printed Name: \_\_\_\_\_  
*(student athlete)*

Signature: \_\_\_\_\_  
*(student athlete) (date and time)*

Witness: \_\_\_\_\_  
*(designated University official delivering the notice) (date and time)*

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**\*ATHLETE MUST PRESENT PICTURE ID\***