



SERVICE AGREEMENT FOR STUDENT DRUG TESTING

This student testing service agreement is entered into by and between Alcohol and Drug Testing In. hereafter known as A.D.T.I. and _____ Schools located in _____ County, OK, hereafter known as the client. This is the contracted terms by which A.D.T.I. shall provide drug testing services for you, the client. In consideration of mutual promises, covenants, and agreements set forth below, the adequacy of which are acknowledged by both A.D.T.I. and said client are as follows:

SUBSTANCES TO BE TESTED

A.D.T.I. will be testing students of said client for the following substances:

THC (marijuana)/COCAINE/AMPHETAMINES/METHAMPHETAMINES/OPIATES/BENZODIAZEPINES

This testing will be done according to client's stated needs. Frequency of testing, percentages, number of students to be tested, etc. to be pre-arranged by client and agreed upon by A.D.T.I. at time of agreement and subject to change with proper notice from either party.

LOCATION OF TESTING/ COMMUNICATION OF TEST RESULTS

The agreed upon random testing will be conducted on-site at client location. Any other testing can be conducted at a location agreed upon by A.D.T.I. and client. A.D.T.I. will communicate test results and interpretations to your Authorized Representative in a confidential and secure manner. All reports whether written, faxed or other means shall be sent to your Authorized Representative ONLY. Your Authorized Representative being the person chosen by you to supervise and be the liaison between yourselves and A.D.T.I.

UPDATING STUDENT RANDOM LISTS

In order for us to maximize our ability to suit your needs, we do need updated lists from time to time. Whenever you send lists to update your random selections; be it to remove or add students, the list needs to be ONLY the students to be updated. The client MUST send a list at the beginning of the school year for A.D.T.I. to input them in the computer. We CAN NOT start testing without said list.

DURATION OF AGREEMENT

This agreement shall continue from July 1, 2022 until June 30, 2023 and shall be deemed renewed upon the same terms and conditions for the succeeding fiscal year beginning on the 1st day of June in the event neither party advises the other of their intention not to renew, which notice will be given in writing on or before June 1 of each contracted year.

PRICING

Pricing is as follows: **CUPS ARE TO BE PRE-PAID FOR WITH ADTI**

Drug Test \$20 for a negative

Drug Test \$30 if screens positive and is sent to lab

Mileage \$0.20 per mile

Any amendment or modification made to this agreement must be set forth in writing and signed for by both parties heretofore mentioned.

Accepted By: _____
Signature _____ please print name clearly _____

Title: _____ Phone: _____

School: _____ Fax: _____

A.D.T.I. Accepted By: _____

How many students will you be testing each time we come out? Please break down quantity by how you test (i.e. H.S./M.S.) _____

How often do you want testing conducted? (monthly or if you want every 9 weeks of school year please specify the months you choose to test) _____

Will you want December random testing ____? Will you want May random testing ____?

Do you prefer that we call beforehand and give you the date and times of testing? Yes _____ No _____

Do you want the list of names? If no names wanted check here ____ if yes see below:

By fax _____ (list number you want faxed to)

What time limit do you want to place on students for drug test completion? (max. 1 hours) _____

WHETHER OR NOT YOU WANT FOREHAND KNOWLEDGE OF THE RANDOM TO BE DONE; IF YOU HAVE EXTRA STUDENTS, I.E. NEW STUDENTS OR REASONABLE SUSPICION ETC. PLEASE CALL AND LET US KNOW SO WE CAN HAVE THE APPROPRIATE SUPPLIES FOR YOUR TESTING NEEDS.

AUTHORIZED SCHOOL REPRESENTATIVE – PRIMARY AND SECONDARY

TO ENSURE THE SAFETY AND QUALITY OF THE TESTING, THE AUTHORIZED SCHOOL REPRESENTATIVE OR SOMEONE THEY DESIGNATE MUST BE WITH THE STUDENTS AND COLLECTOR AT ALL TIMES FOR THE DURATION OF THE TESTING PROCEDURES.

Primary Print Name _____

Office Number _____ Cell Number _____

Email _____

Secondary Print Name _____

Office Number _____ Cell Number _____

Email _____

BILLING INFORMATION

Email to send invoice to for testing: _____