



Health Professional Councils Authority

Level 6 North Wing 477 Pitt Street Sydney NSW 2000

Locked Bag 20 Haymarket NSW 1238

Phone: 1300 197 177 Fax: (02) 9281 2030

Email: mail@hpca.nsw.gov.au Online: www.hpca.nsw.gov.au

Collection Centre Nomination Form

Complete this form and send it to us within 48 hours of being advised in writing by the Council that you must go for screening.

Email: monitoring@hpca.nsw.gov.au Fax: 02 9281 2030

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: www.hpca.nsw.gov.au. Please go to the Policies section under the Resources tab.

I will be attending:

Name of collection centre	Type of screening

Complete this section if you cannot attend a Council approved collection centre

NOTE – If you cannot attend a Council approved collection centre you must nominate an alternative collection centre for approval.

You are required to provide a reason why you cannot attend any of the Council approved collection centres:

Alternative collector/collection centre nomination

NOTE – The Council must approve your alternative collector/collection centre before you start screening

Collector/collection centre information

Name of collector/contact person	
Organisation (name of collection centre/clinic/practice)	
Email address	
Contact number	
Address (where sample will be collected)	
Postal Address (if different from above)	

I certify that this information is true and correct.

Your signature

Date