

# 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](mailto: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: [nursingandmidwiferycouncil.nsw.gov.au](http://nursingandmidwiferycouncil.nsw.gov.au)

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

<b>Collector/collection centre information</b>	
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