

Pre-employment drug test claim form for drug testing agencies



MINISTRY OF SOCIAL
DEVELOPMENT
TE MANATŪ WHAKAHIATO ORA

This form collects information required by Work and Income so a drug testing agency can claim back the cost of a drug test taken by a Work and Income client.

When you've finished completing the form, you need to attach proof of your business' bank account number, and send it to:

National Claims Processing Unit
Private Bag 3042
Rotorua 3010

Please don't send a separate company invoice to claim this cost.

Tax Invoice Number

--	--	--	--	--	--	--	--	--	--

Drug testing agency's details

1

What is the name of your drug testing agency?

--

2

What is the street address?

Number

Street name

--

--

Suburb

Town/City

--

--

3

Is the mailing address different from the street address?

--

No

--

Yes



If yes, please tell us the mailing address

4

What are the contact person's details for this invoice?

Name	
Work phone	()
Mobile phone	()
Email address	

5

Does your business have a GST number?

--

Yes



What is the GST number?

--	--	--	--	--	--	--	--	--	--

--

No



What is the IRD number?

--	--	--	--	--	--	--	--	--	--



INFORMATION FOR Q5:

You **must** provide a
GST or IR number.

**ATTACHMENT FOR Q6:**

You need to provide proof of the bank account details, such as a bank statement.

6**What are the bank account details of the business?**

The account is in the name of:

The account number is:

Bank

Branch

Account number

Suffix

Claim amount**7****What is the total amount you are claiming for the drug test?**

Total including GST

GST amount

\$

\$

Drug test details**Personal details****1****What is the person's full name?**

First and middle names

Surname or family name

2**What date was the person born?**

Day

Month

Year

3**What is the person's Work and Income client number (if known)?****4****What type of test did the person take?**☐

Drug screening test

☐

Drug evidential test

5**What date was the test taken?**

Day

Month

Year

6**What was the test result?**☐

Fail (non-negative)

[Go to question 7](#)

☐

Pass (negative)

[Go to question 8](#)

☐

Invalid

[Go to question 8](#)

7**What class of drug was detected in the person's failed drug test?**

Please tick all that apply

☐

Cannabinoids

☐

Cocaine

☐

Amphetamines

☐

Opiates

☐

Benzodiazepines

☐

Methamphetamines

8

Has a copy of the test result been given to the client?☐

No

☐

Yes

9

Please provide any comments

Declaration

☐

The drug test was taken in accordance with the standard AS/NZS 4308:2008 – *procedures for specimen collection and the detection and quantitation of drugs of abuse in urine.*

☐

The information I have provided is true and complete.

Your name (print)

Your signature

Day

Month

Year

--	--	--

Your contact details

Work phone number	()
Mobile phone number	()
Email address	