APPENDIX A

Notice of Drug Screening

To: _______________________________________________________
   (Name of Student)

From: _____________________________________________________
   (Faculty, College of Nursing)

Re: Reasonable Suspicion Drug Testing

Based on individual reasonable suspicion that you may be engaging in the impermissible use of
drugs prohibited by the East Carolina University College of Nursing Program, you are to report
for drug screening as outlined by the substance abuse protocol no later than __________ (time)
on ____________ (date). You will be required to provide a urine and/or blood sample and/or
submit to an alcohol breathalyzer test at that time, in accordance with

a) the procedures established by the East Carolina University College of Nursing Program.

b) your signed consent to the provisions of the protocol and the program for Substance Abuse.

Confirmed confidential written results shall be sent to:

   Office of Student Services
   College of Nursing
   East Carolina University
   Greenville, North Carolina 27858

Signed:

   (Nursing Student)  (date and time)

Signed:  (Faculty)  (date and time)