<i>TO:</i>		Student Athlete
FROM:		
DATE:		
<i>RE:</i>	Scheduled Drug Test Screening	
Your name has b	been selected for screening drug testing as a member of	f the:
You are to repor	t to on	
at	If you cannot report at this time, <u>YO</u>	<u>UMUST</u> call your athletic trainer
<u>It is</u> You will be r	for another time on that same date. mandatory that you report for this scheduled drug required to provide a urine specimen (or alternative coll	lection method such as saliva testing via
<u>It is</u> You will be r oral swab) at University At	mandatory that you report for this scheduled drug required to provide a urine specimen (or alternative coll that time, consistent with the policies and procedures thletics Drug Education, Screening, Counseling, and Te	lection method such as saliva testing via established by the East Carolina esting Program
<u>It is</u> You will be r oral swab) at University At <u>I une</u>	mandatory that you report for this scheduled drug required to provide a urine specimen (or alternative coll that time, consistent with the policies and procedures thletics Drug Education, Screening, Counseling, and Te derstand that failure to appear at the assigned time	lection method such as saliva testing via established by the East Carolina esting Program
<u>It is</u> You will be r oral swab) at University At <u>I une</u>	mandatory that you report for this scheduled drug required to provide a urine specimen (or alternative coll that time, consistent with the policies and procedures thletics Drug Education, Screening, Counseling, and Te	lection method such as saliva testing via established by the East Carolina esting Program
<u>It is</u> You will be r oral swab) at University At <u>I une</u>	mandatory that you report for this scheduled drug required to provide a urine specimen (or alternative coll that time, consistent with the policies and procedures thletics Drug Education, Screening, Counseling, and Te derstand that failure to appear at the assigned time (student athlete)	lection method such as saliva testing via established by the East Carolina esting Program
<u>It is</u> You will be r oral swab) at University Ar <u>I une</u> Printed Name:	mandatory that you report for this scheduled drug required to provide a urine specimen (or alternative coll that time, consistent with the policies and procedures thletics Drug Education, Screening, Counseling, and Te derstand that failure to appear at the assigned time (student athlete)	lection method such as saliva testing via established by the East Carolina esting Program