



## Medtox Direct Mail Consent Form

I, \_\_\_\_\_ authorize Medtox to send Chain of Custody Forms directly to my mailing address. This may mean that the Medtox logo appears on the outside of the mailing envelope.

My mailing address is: \_\_\_\_\_

(Please type or print clearly above)

Signature of Participant: \_\_\_\_\_ Date: \_\_\_\_\_