

# 9 | | DRUG TESTING

## Request for Drug and/or Alcohol Testing Form

*Note to company/Designated Employer Representative (DER):* Please complete this form and instruct your employee (the donor) to bring it with them to our collection site.

**Name of Company Ordering Test:** \_\_\_\_\_

**Name of Person Ordering Test:** \_\_\_\_\_

**Phone # of Person Ordering Test:** \_\_\_\_\_

Employee/Donor's Legal Name: \_\_\_\_\_

Employee's ID# or SSN: \_\_\_\_\_ DOB, if known: \_\_\_\_\_

### TYPE OF TEST REQUESTED:

<input type="checkbox"/> DOT Drug Test	<input type="checkbox"/> 5 Panel Instant	<input type="checkbox"/> 10 Panel Instant
<input type="checkbox"/> E-Cup	<input type="checkbox"/> X-Cup	<input type="checkbox"/> Hair Drug Test
<input type="checkbox"/> Oral / Saliva Drug Test	<input type="checkbox"/> Breath Alcohol	<input type="checkbox"/> Fingerprinting

### REASON:

<input type="checkbox"/> Pre-Employment	<input type="checkbox"/> Random	<input type="checkbox"/> Reasonable Suspicion
<input type="checkbox"/> Post-Accident	<input type="checkbox"/> Other: _____	

Additional Notes/Requests: \_\_\_\_\_

### DOWNTOWN CLINIC

<p><b>2323 East Magnolia St #116</b> <b>Phoenix AZ 85034</b> <b>623-227-2027</b> <b>24<sup>th</sup> Street and Magnolia</b></p> <p><b>Mon-Fri 8am to 5pm</b> <b>Walk-Ins Welcome – Bring ID</b></p>
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### GLENDALE CLINIC

<p><b>7802 N 43<sup>rd</sup> Avenue Unit #1</b> <b>Glendale AZ 85031</b> <b>480-681-0400</b> <b>43<sup>rd</sup> Avenue and Northern</b></p> <p><b>Mon-Fri 10am to 6pm</b> <b>Walk-Ins Welcome – Bring ID</b></p>
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