

# 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

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

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