



DRUG TESTING AUTHORIZATION FORM

Date _____

Company/Employer _____

Contact Name _____ Email _____ Ph# _____

Employee Name _____ Date of Birth _____

Expected arrival time: _____

Reason For Testing

- ___ Pre-Employment
- ___ Post Accident
- ___ Random
- ___ Follow Up
- ___ Reasonable Suspicion/Cause
- ___ Post Accident Instant with Lab Confirmation
- ___ Other _____

Type Of Test

- ___ 5 Panel Instant
- ___ 12 Panel Instant
- ___ 5 Panel Lab Based
- ___ 12 Panel Lab Based
- ___ BAT -Breath Alcohol
- ___ ETG -Instant Urine Alcohol

Instructions For Employees Test onors

- *Bring this form with you at the time of testing.
- *You must bring a state issued driver's license or identification card.
- *If you are not given a specific arrival time, you must arrive by 4 p.m.
- *Tests done after 4 p.m. will be charged an after-hours fee.
- *We are located in Evergreen, one block north of Les Schwab

VALLEY MEDICAL SERVICES DRUG TESTING, LLC

2425 US Hwy 2 E
Kalispell MT 59901