



# Mobile/Onsite Services Information Request

## Company Contact Information

Company Name \_\_\_\_\_

Testing Contact or DER \_\_\_\_\_

Phone(\_\_\_\_\_) \_\_\_\_\_ Fax (\_\_\_\_\_) \_\_\_\_\_

Email \_\_\_\_\_

## Address Where Services Will Be Performed

Address #1 \_\_\_\_\_ Ste \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Address #2 \_\_\_\_\_ Ste \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

## Mobile/Onsite Service Options (Check all that may apply)

Regular Weekly or Monthly Scheduled Services 8am – 4pm

Regular Weekly or Monthly Scheduled After Hours 5pm – 7am

As Needed Services 8am – 4pm

As Needed After Hours Services 5pm – 7am

Emergency/Accident Services 8am – 4pm (less than 24 hours notice)

Emergency/Accident After Hours Services 5pm - 7am (less than 24 hours notice)

Additional Mileage Charge (over 50 Miles from our office)

## Services Required (Check all that may apply)

Urine Collection & Processing for Lab Testing

Observed Re-Collection when temperature is out of range

Urine Collection With Observation

Breath Alcohol

5 Panel Instant Drug Test

5 Panel Instant w/ Confirmation

Mobile/Onsite Services Information Request cont.

- 12 Panel Instant Drug Test
- 12 Panel Instant w/ Confirmation
- ETG Instant Urine Alcohol
- Hair Collection for Lab Testing
- 5 Panel Hair Follicle Drug Test
- 10 Panel Hair Follicle Drug Test

Please email completed form to [renee@vmsdrugtesting.com](mailto:renee@vmsdrugtesting.com) or fax to 406-257-3264. You will receive a reply with additional information and pricing.

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