

Employee Testing Authorization Form

Date _____

Company/Employer _____

Contact Name _____ Email _____

Ph# _____ Fax# _____

Employee Name _____ DOB _____

Expected arrival date/time: _____

Reason For Testing

- _____ Pre-Employment
- _____ Post Accident
- _____ Random
- _____ Follow Up
- _____ Reasonable Suspicion/Cause
- _____ Post Accident Instant w/ Lab Confirm
- _____ DOT
- _____ Other _____

Type Of Test(s)

- _____ 5 Panel Instant
- _____ 12 Panel Instant
- _____ Fentanyl Instant Test
- _____ 5 Panel Lab Based
- _____ 10 Panel Lab Based
- _____ 12 Panel Lab Based
- _____ BAT -Breath Alcohol
- _____ ETG -Instant Urine Alcohol
- _____ DOT or Pre-Employment Physical
(Available every Monday)

Send non-negative instant tests to lab for confirmation? ___Yes ___No

Instructions for Employee/Test Donors

- *Bring this form with you at the time of testing
- *Open M-F from 8am - 4pm; closed 11am - 12noon for lunch
- *Appointments are NOT required for drug testing
- *If you are having a physical, AN APPOINTMENT IS REQUIRED**
- *You must have a state issued driver's license or identification card
- *If you are not given a specific arrival time, you must arrive by 4:00pm
- *Arrivals after 4:00pm will be charged an after-hours fee
- *We are located in Evergreen, one block north of Les Schwab



2423 Highway 2 E