**{Your Company/clinic Name}**

**{testing site contact info/phone numbers}**

**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.

DER Name/Person ordering test: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Company Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Contact phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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

 **Type of Test(s) Requested** (Check appropriate test types in each line below):

1. \_\_\_\_\_ DOT/Federal Test \_\_\_\_\_ Non-Federal (non-DOT) Test
2. \_\_\_\_\_ Alcohol Test \_\_\_\_\_ Drug Test/collection
3. ***Reason for Test (circle one):*** Pre-employment, Random, Reasonable Suspicion/Cause, Return-To-Duty, Follow-up, Post-accident, or Other [indicate]: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

~ For **Non-DOT testing only**, please indicate the panel/type of test (as allowed/outlined by company policy: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

~ All DOT drug tests allow a urine test for “Federal Five” drugs only (THC/PCP, COC, OPI, AMP).

If this is a **DOT test/collection**, please indicate the DOT Operating Agency that covers you/your employee (CHECK ONE): \_\_\_FMCSA \_\_\_PHMSA \_\_\_FTA \_\_\_FRA \_\_\_FAA \_\_\_USCG

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

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please note: We conduct all DOT tests/collections in a manner which strictly follows the DOT Rules (49 CFR Part 40), including conducting direct observation collections when required and in the prescribed manner.