



**Petersburg
MEDICAL CENTER**

Petersburg Medical Center Laboratory
103 Fram St/PO Box 589
Petersburg, Alaska 99833
P: (907) 772-5756 F: (907) 772-9271
www.pmcak.org

REQUEST FOR EMPLOYER DIRECTED DRUG/ALCOHOL SCREENING

Note: Employee must provide a photo ID at the time of the appointment.

Call 907-772-5756 to schedule an appointment. Appointments are available M-F, 9-11am

Testing Site Location: Petersburg Medical Center Laboratory, located on the second floor, use Second Street ER entrance. Appointments are required for all testing. Contact the laboratory before sending your employee for a Post-Accident or Reasonable Suspicion/Cause collection.

Employee Information

Last Name: _____ First Name: _____ Middle Initial: _____

Birth Date: _____ SSN Last 4 Digits: _____ Sex: M F

Appointment Date/Time: _____ (M-F, 9-11am)

1. Reason for Testing	2. Testing Requested:	4. Type of Testing:	
<input type="checkbox"/> Pre-Employment	<input type="checkbox"/> Breath Alcohol	<input type="checkbox"/> DOT	<input type="checkbox"/> Non-DOT
<input type="checkbox"/> Random	<input type="checkbox"/> Urine Drug	<input type="checkbox"/> FMCSA	<input type="checkbox"/> Split
<input type="checkbox"/> Reasonable Suspicion/Cause	3. Drug Tests Requested:	<input type="checkbox"/> FAA	<input type="checkbox"/> Single
<input type="checkbox"/> Post Accident	<input type="checkbox"/> THC, COC, PCP, OPI, AMP	<input type="checkbox"/> FRA	
<input type="checkbox"/> Return-to-duty	<input type="checkbox"/> TCH & COC only	<input type="checkbox"/> FTA	
<input type="checkbox"/> Follow-up	<input type="checkbox"/> SAP 6-50 w/Nit	<input type="checkbox"/> PHMSA	
<input type="checkbox"/> Other:	<input type="checkbox"/> 8 Panel Rapid In-House	<input type="checkbox"/> USCG	
	<input type="checkbox"/> Other:		
<input type="checkbox"/> Direct Observation Required			

Referring Employer

Company Name: _____

Mailing Address: _____

DER: _____

Phone Number: _____

Fax or Email: _____

Notified Time/Date: _____

Billing Information

Company Name: _____

Mailing Address: _____

DER: _____

Phone Number: _____

Fax or Email: _____