

REQUEST FOR EMPLOYER DIRECTED DRUG/ALCOHOL SCREENING

Employee is required to provide a photo ID at the time of the appointment.

Call 907-772-4291 ext 5756 to schedule an appointment. Appointments are available M-F, 9-11am

Testing Site Location: Petersburg Medical Center Laboratory, located on the second floor, Second Street ER entrance.

Appointment required for all testing. Contact laboratory in advance of sending your employee to the laboratory for a post-accident collection.

Employee Information

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

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

APPOINTMENT DATE/TIME: _____ (M-F, 9-11 a.m.)

1. Reason for Testing	2. Testing Requested:	4. Type of Testing:	
<input type="checkbox"/> Pre-Employment <input type="checkbox"/> Random <input type="checkbox"/> Reasonable Cause <input type="checkbox"/> Post-Accident <input type="checkbox"/> Return-to-duty <input type="checkbox"/> Follow-up <input type="checkbox"/> Other:	<input type="checkbox"/> Breath Alcohol <input type="checkbox"/> Urine Drug	<input type="checkbox"/> DOT (Split): <input type="checkbox"/> FMCSA <input type="checkbox"/> FAA <input type="checkbox"/> FRA <input type="checkbox"/> FTA <input type="checkbox"/> PHMSA <input type="checkbox"/> USCG	<input type="checkbox"/> Non-DOT: <input type="checkbox"/> Split <input type="checkbox"/> Single
	3. Drug Tests Requested:		<input type="checkbox"/> Rapid Test: <input type="checkbox"/> Confirm all Pos <input type="checkbox"/> Confirm all except THC
	<input type="checkbox"/> THC, COC, PCP, OPI, AMP <input type="checkbox"/> SAP 5-50 w/ Nit to Quest <input type="checkbox"/> SAP 6-50 w/ Nit to Quest <input type="checkbox"/> Rapid In-House Panel 8 <input type="checkbox"/> Other (specify):		
	<input type="checkbox"/> () Direct Observation Required		NOTE: When DOT is requested along with a rapid test, two separate collections are <u>required</u> .

Referring Employer

Name of Company: _____
 Mailing Address: _____
 DER: _____
 Phone #: _____ Fax #: _____
 Notification Time/Date: _____
 Test Time/Date: _____
 Time Employee Notified: _____ Appointment: _____

Billing Information

Bill To Name: _____
 Bill Mailing Address: _____
 DER: _____
 Phone #: _____
 Fax #: _____