## Petersburg Medical Center/Clinical Laboratory 103 Fram St., PO Box 589 Petersburg, AK 99833

Phone: 907-772-4291 ext 5756 Secure Fax: 907-772-9271

## 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			
	Employee ini	ormation	
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:
□ Pre-Employment	☐ Breath Alcohol	□ DOT (Split)	□ Non-DOT
□ Random	☐ Urine Drug	☐ FMCSA	☐ Split
☐ Reasonable Cause	3. Drug Tests Requested:	□ FAA	☐ Single
□ Post Accident	☐ THC, COC, PCP, OPI, AMP	□ FRA	
□ Return-to-duty	☐ SAP 6-50 w/ Nit to Quest	□ FTA	□ Rapid Test
□ Follow-up	☐ Rapid In-House Panel 8	□ PHMSA	☐ Confirm all Pos
□ Other:	□ Other:	□ USCG	☐ Confirm all except THC
		<b>NOTE:</b> When DOT is requested along with a rapid test, two separate collections are <u>required</u> .	
( ) Direct Observation Required			
Referring Employer			
Name of Company:	J	. ,	
			<del>-</del>
DER:	Fau No.		
Phone Number: Fax Number: Fax Number:			
Notification Time/Date:			
(Time employee notified)	(Appoi	ntment)	