



## CONFIDENTIAL DRUG TEST

2727 WYOMING AVE. / Suite D  
 EL PASO, TEXAS 79903  
 (915) 532-4648  
 FAX: (915) 532-4953

REQUEST FOR DRUG SCREEN AND/OR ALCOHOL TEST

NAME \_\_\_\_\_

SOCIAL SECURITY NO. \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_

- |   |  |                                     |
|---|--|-------------------------------------|
| DRUG SCREEN                                     |  | BREATH ALCOHOL                      |
| <input type="checkbox"/> D.O.T. DRUG SCREEN     |  | <input type="checkbox"/> D.O.T.     |
| <input type="checkbox"/> NON-D.O.T. DRUG SCREEN |  | <input type="checkbox"/> NON-D.O.T. |
| <input type="checkbox"/> URINE ALCOHOL          |  |                                     |
| <input type="checkbox"/> HAIR SCREEN            |  |                                     |

- PURPOSE
- |  |                                    |   |
|--|------------------------------------|---|
| <input type="checkbox"/> PRE-EMPLOYMENT  | <input type="checkbox"/> RANDOM    | <input type="checkbox"/> POST-ACCIDENT        |
| <input type="checkbox"/> RETURN TO DUTY  | <input type="checkbox"/> FOLLOW-UP | <input type="checkbox"/> REASONABLE-SUSPICION |
| <input type="checkbox"/> D.O.T. PHYSICAL | <input type="checkbox"/> PHYSICAL  | <input type="checkbox"/> OTHER                |

DATE \_\_\_\_\_ TIME \_\_\_\_\_

COMPANY \_\_\_\_\_

NAME \_\_\_\_\_  
 AUTHORIZED SIGNATURE

PHONE \_\_\_\_\_

COLLECTIONS HOURS  
 M-F 8:00AM - 5:00PM  
 DONOR MUST PROVIDE A VALID PICTURE I.D. OR  
 BE ACCOMPANIED BY AN EMPLOYEE REPRESENTATIVE