

# CONFIDENTIAL DRUG TESTING

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## REQUEST FOR DRUG SCREEN AND/OR ALCOHOL TEST

COMPANY NAME:  
NAME  
SOCIAL SECURITY NO.

### DRUG SCREEN

DOT DRUG TEST  
 NON-DOT DRUG TEST  
 URINE ALCOHOL  
 HAIR SCREEN

### BREATH ALCOHOL

NON-DOT  
 DOT

### PURPOSE:

PRE-EMPLOYMENT  
 POST ACCIDENT  
 RETURN TO DUTY  
 RANDOM  
 REASONABLE SUSPICION  
 FOLLOW UP

DATE

TIME:

AUTHORIZED SIGNATURE:

Email:

### COLLECTION HOURS

M.F 8:00AM- 5:00PM

DONOR MUST PROVIDE A VAUD PICTURE ID OR  
BE ACCOMPANIED BY AN EMPLOYEE REPRESENTATIVE

