Appt Date:_____ Appt Time:_____

COMPANY NAME:_____

DOT	☐	DRUG	☐	PRE-EMPLOYMENT	☐
NON-DOT	☐	ALCOHOL	☐	RANDOM	☐
DNA	☐	BLOOD	☐	POST ACCIDENT	☐
PRIVATE	☐	BUCCAL	☐	REASONABLE CAUSE	☐
		CLINICAL	☐	FOLLOW UP	☐
		HAIR	☐	RETURN TO DUTY	☐
				PRIVATE	☐ $
				OTHER	

MODE:

☐ FMCSA ☐ FAA ☐ FRA ☐ FTA ☐ PHMSA ☐ USCG

EXAMINER #1_____

EXAMINER #2_____ Collection Site:_____

Special Instruction: Case #

Service Ordered By:_____Date Ordered:_____Phone:_____

Donor Name	SSN/ ID #	COC #	EBT TEST #	EBT CONF #

IN OFFICE	☐	COLLECTION SITE:	MILES TO	
MOBILE	☐	ADDRESS:	MILES FROM	
EMERGENCY SERVICE	☐	CITY/STATE:	TOTAL	
OBSERVE	☐	PHONE:	X RATE	0.575
WAIT TIME	☐	(15 MIN INTERVALS)	TOTAL MILEAGE $	
CALL OUT FEE	☐			
NO SHOW FEE	☐			