

COLLECTION/REFERRAL FORM

Employer Name: _____ **Client/Donor Name:** _____

Social Security #/ID: _____-_____-_____

DOB: ____/____/____ **Identification (DL#, Emp-ID#):** _____

Reason for test: Pre-Employment Random Post-Incident Suspicion Other

Type of testing requested:

Instant POCT Urine Tests

5 Panel 10 Panel 11 Panel 12 Panel | **Option:** Include Lab Confirmation Service?

Urine Lab Tests

Urine EtG/EtS 5 Panel 10 Panel Other: _____ Panel

Hair/Nail Lab Tests

(Circle Method: Hair or Nail)

5 Panel Hair/Nail 10 Panel Hair/Nail 5 Panel Hair/Nail w/Extended Opiate
 ETG Hair 5 Panel *ChildGuard* Hair Exposure Test

Alcohol Tests

PBT Breath Test EBT Breath Test Saliva (5P+A) ETG Urine (80 Hour History) Lab

Other Tests

Sweat Patch (1 to 14 day monitor) Saliva 5 Panel Background Check

Include MRO Service? Special Instructions: _____

Test Must Be Taken By: _____
(Date or Dates)

AUTHORIZED BY: _____ **DATE:** _____
(Signature of DER)

(Print name of DER)

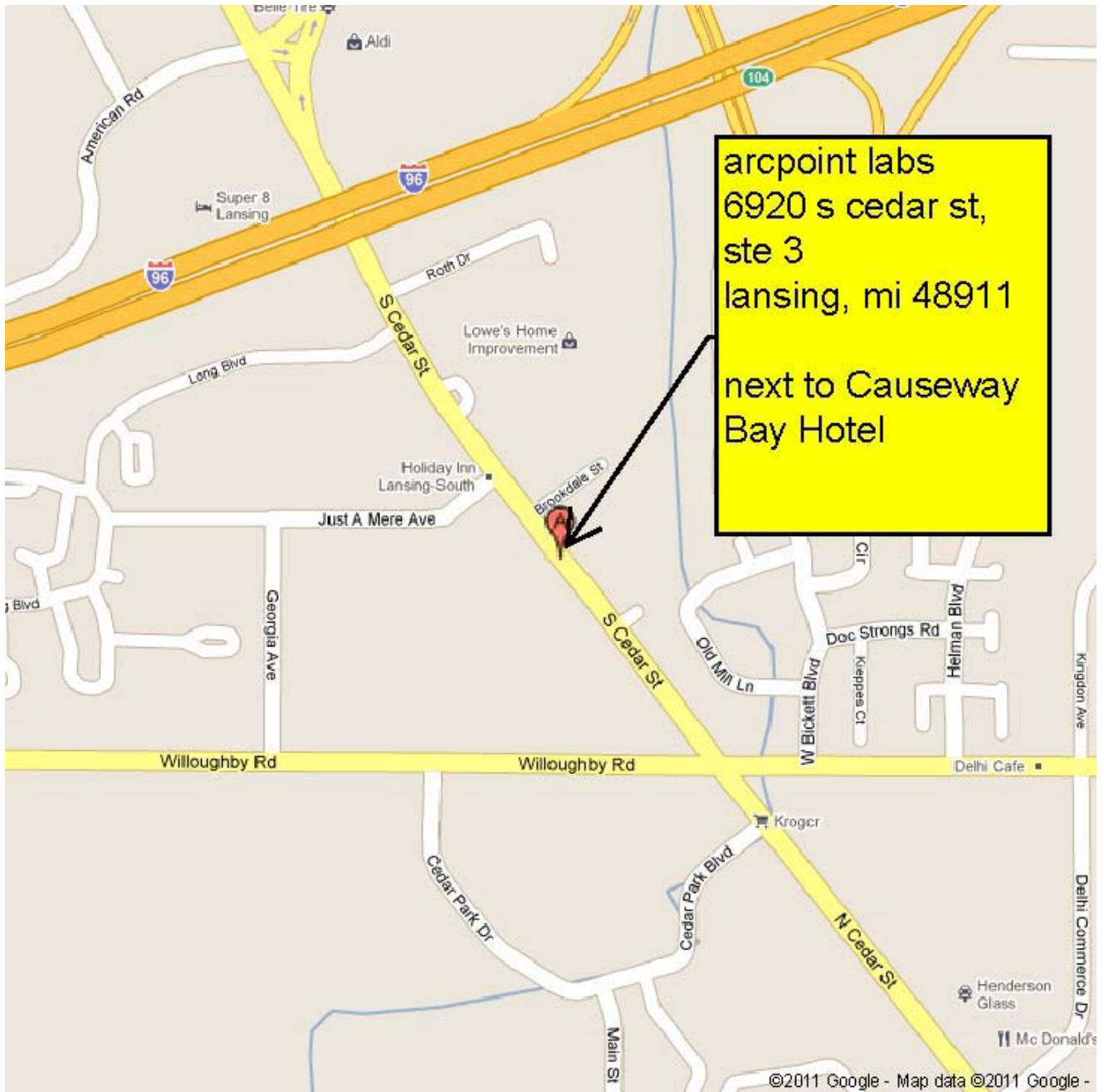
Designated Employer Representative (DER) contact Info:

DER Employment Address: _____

Phone: _____ **FAX:** _____ **E-mail:** _____

Office Hours: Monday-Friday 8:30am-5:00pm and all others by appointment

CLIENT INSTRUCTIONS: You **must** bring this form with you on the date scheduled above and present it to *ARCpoint Labs*' personnel in order to be tested. You **MUST** also have a **picture ID** with you for identification purposes. Failure to have these items will prevent the collection and screen. If you have questions, please call 517-215-7209.



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Point Of Collection Testing Devices (POCT)