

# Workplace Drug Screening Laboratory Request Form

## Employer / Company Information

Company Name

Contact Person

Phone Number

Email

Address

## Employee Information

Employee Name

Employee ID / SSN

Date of Birth

Department / Job Title

## Test Details

Date of Request

Type of Test

☐ Pre-Employment ☐ Random ☐ Post-Accident ☐ Other

Substances to Screen

☐ Amphetamines ☐ Cannabis ☐ Cocaine ☐ Opiates ☐ PCP ☐ Other

Additional Requests / Notes

## Specimen Collection

Collection Site

Date of Collection

Specimen Type

☐ Urine ☐ Saliva ☐ Hair ☐ Other

## Authorization & Certification

Authorized By

Date

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Employer/Representative Signature

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Date