

Company Name:

Company Address (please include city, state and zip):

Employee Name:

Test to be Completed By: Time 00:00



Status Existing Client Individual Client Interested in Services

Location Tempe Mesa Phoenix

Reason for Test - Check One	Test Requested - Check One	
<input type="checkbox"/> Pre Employment	<input type="checkbox"/> 5 Panel same day results	<input type="checkbox"/> 11 Panel same day results
<input type="checkbox"/> Post Accident	<input type="checkbox"/> 5 Panel Hair	<input type="checkbox"/> 10 Panel Hair
<input type="checkbox"/> Reasonable Suspicion	<input type="checkbox"/> 12 Panel same day results	<input type="checkbox"/> D.O.T. Drug Test
<input type="checkbox"/> Return-to-Work	<input type="checkbox"/> Breath Alcohol (EBT)	<input type="checkbox"/> D.O.T. Physical
<input type="checkbox"/> Random	<input type="checkbox"/> Respiratory Mask Fit Test	<input type="checkbox"/> Non-D.O.T. Physical
<input type="checkbox"/> Follow-up	<input type="checkbox"/> Other <input type="text"/> Explain Other	<input type="checkbox"/> Direct Observe on First Attempt

Billing Invoice Company Credit Card on File Pay at Time of service

Email Results to: Email:
Phone: Fax:

Please arrive by 4:30PM

Special Instructions:

**Authorized
By:**

Date:

Submit Your Request