



Testing Authorization Form

Client Name:

Social Security #:

DOB:

Male Female

Email:

Reason for Test:

Court Ordered Periodic Pre-Employment Post-Accident Probation Promotion
 Random Reasonable Suspicion/Cause Other [Click here to enter text.](#)

Urine Tests: *(5 day "look back" for all drugs, except for Marijuana - 30 days)*

5 Panel 5 Panel (DOT) 10 Panel 10 Panel w/ expanded opiates Bath Salts, K2, Spice
 Nicotine Steroids Synthetic Marijuana Observed Collection Other:

Hair or Nail Tests: *(Hair - 90 days, Finger Nails - 180 days, Toe Nails - 270 days)*

Select: Hair Finger Nails Toe Nails

5 Panel 9 Panel 10 Panel 12 Panel Date Rape Panel Other:

Alcohol Test:

Select: DOT Non-DOT Breath Test with confirmation (12 Hour) ETG Urine Test (80 Hour)

Other Services:

Audio Screening Background Check DNA Test DOT Physical Non-DOT Physical
 MMR Test TB Test IPCS Physical Capability Test Other:

Special Instructions:

Test must be taken by the following date:

Authorized by, printed name:

Signature

Date:

Employer Name:

Employer Address:

City:

State:

Zip:

Phone:

Fax:

Email:

Client Instructions:

1. You must bring this form with you in order to be tested.
2. You MUST also present a picture ID for identification purposes.
3. If you have questions, please call 330-923-8925.

Office Hours: Monday-Friday 9:00 am to 5:00 pm, after hours by appointment

111 Stow Ave. Suite 106 Cuyahoga Falls, OH 44221 330.923.8925 phone

