Laboratories
License #05D2171318

Drug Screen Authorization Form

EMPLOYER INSTRUCTIONS-FOR DESIGNATED EMPLOYER REPRESENTATIVE:

When sending a person to this collection site for drug screening and/or saliva alcohol testing, please do the following:

1. Complete this form
2. Fax completed for to – Clinical Training Laboratories at ***805-485-4383***:
   Or email it to laguirre@clinicaltraininglabs.com
3. **Give copy of form to employee to take with him/her to the collection site**- Located at 2775 N. Ventura Rd #213, Oxnard CA, 93036.

4. **Who is sending this person to the collection site?**

Employer/Company Name: _____

Designated Employer Representative(s) whom is authorized to receive results:

Primary Recipient

Name: _____ **Phone:** _____

Secondary Recipient(s) if primary is unavailable:

Name: _____ **Phone:** _____

Notification of Testing Results Preference: (check one)

☐ Email:_____
☐ Fax: _____
☐ Mail to:_____

Employee's Name: _____
Employee's Date of Birth:___/___/____ **Employee's SS#____-___-_____**
Date Employee Sent to Collection Site:___/___/_____

Check & Complete All Applicable:

Test Reason: (check one) ☐Pre-Employment ☐Return-To-Duty ☐ Follow-up ☐Random ☐Suspicion of Use ☐ Post-Accident

Type of Test: (Multiple allowed) ☐ Drug Test ☐DOT Alcohol Test

Test to be Performed: (Multiple allowed) ☐ Urine Drug 14 panel ☐Drug Saliva DOT Swab

Please check there if Observation is required for Urine Drug Screening: ☐

Designated Employer Representative Signature

Representative Name:_____ Representative Title:_____

Representative Signature:_____ Date:_____

By signing this form, you authorize Clinical Training Laboratories to perform the tests requested above. If you have any questions, please contact our office 805-850-1514 Monday-Friday 8:00 a.m. – 4:00 p.m. or email us at laguirre@clinicaltraininglabs.com.