Resourceful Clinical Laboratory

EMPLOYER TESTING REQUISITION

Phone: 980-205-0156 | Fax: 833-443-0649

Complete, save a copy and fax to 833-443-0649. Call to confirm receipt and arrangements.

This request does not confirm an appointment. Do not send an employee until arrangements are confirmed.

1 EMPLOYER / AUTHORIZED CONTACT

Company / employer

Authorized contact / DER (if applicable)

Contact phone

Employer fax / approved results fax

Business email (coordination only)

2 EMPLOYEE & VISIT DETAILS

Employee full name

Employer employee ID (no Social Security number)

Preferred date / time (subject to confirmation)

Site address / collection location to confirm

3 REQUESTED TESTING (select all that apply)

- ☐ DOT-regulated
- ☐ Non-DOT
- ☐ Drug screening
- ☐ Alcohol testing
- ☐ Lab collection
- ☐ Mobile / on-site

DOT agency / program, if applicable

Requested panel / test details (confirm with lab)

Reason:

- ☐ Pre-employment
- ☐ Random
- ☐ Post-accident
- ☐ Reasonable suspicion
- ☐ Return-to-duty
- ☐ Follow-up / other

4 PAYMENT & EMPLOYER AUTHORIZATION

- ☐ Employer billing (confirm account)
- ☐ Self-pay (confirm quote)

Billing account / purchase order, if applicable

Additional instructions (no medical history)

Authorized employer signature: _____ Date: _____

Printed name / title: _____

Employer request only. Does not replace the federal Custody and Control Form, an alcohol testing form, a required clinical order, or employee consent. Laboratory confirms service availability and requirements.

Keep completed forms confidential. Do not include Social Security numbers. Bring photo identification.