

On Site Request Form

Company _____

Date of Request _____

Requested By _____

Phone _____

On-Site Contact _____

Contact Phone _____

On-Site Location _____

Total No. of Test _____

Rig No. _____

Date of Collection _____

Time _____

Testing

Reason for Test

Random ☐

Pre-Emp ☐

Rea. Susp ☐

Post-Acc ☐

Other ☐

Drug Screens

Dot ☐

non-Dot ☐

Alcohol

Breath ☐

Saliva ☐

Dot ☐

non-Dot ☐

Instant-Test

5-Panel ☐

9-Panel ☐

10-Panel ☐

Notes / Special Instructions

