



Test Request Form

Employee Name

Date of Test

SSN / Emp ID No.

DER

Company Name

DER Ph.

Drug Screen

Test Type

DOT

non-Dot

Reason for Test

Random

Pre-Emp

Reas. Susp

Post-Acc

Other

Additional Testing

Alcohol

Breath

Saliva

Dot

non-Dot

Physical

DOT

non-Dot

Instant-Test

5-Panel

9-Panel

10-Panel

Laboratory / MRO

TPA

Laboratory

MRO

Wayne Wicks & Associates

110 N. Broadway, Ste C

La Porte, TX 77571

Ph: (713) 439-1896

Fax: (713) 622-4748

www.wwicks.com

One Source Toxicology

1213 Genoa Red Bluff

Pasadena, TX 77504

Ph: (888) 747-3774

Courier: UPS

Bill Receiver: 2A0R88

Philip Lopez, M.D.

3501 SW 185th Ave

Miramar, FL 33029

Ph: (954) 592-3680

Fax: (954) 450-9495

Immediately following collection, please fax completed CCF to (713) 622-4748

NOTE: If your browser does not allow you to automatically submit this via the SUBMIT button, please save the filled out form as a PDF file and e-mail it to wwicks@wwicks.com or print it out and fax it to (713) 622-4748.