



Employer Referral Form

Company Information

Company Name: _____

Contact Person: _____

Phone: _____ ext. _____ Fax: _____ Email: _____

Donor Information

Donor: _____

DOB: _____ Gender: _____ Reason for Test: _____

Testing Information

Type(s) of testing requested:

- 5-panel Drug Test - \$10.00
- 12-Panel Drug Test - \$20.00
- EtG Test - \$15.00
- PBT - \$5.00

Positive Drug Test Confirmation

- Confirm any preliminary positive drug tests.
(Additional \$50.00 fee)
- DO NOT confirm any preliminary positive tests.

Positive EtG Test Confirmation

- Confirm any preliminary positive EtG tests.
(Additional \$40.00 fee)
- DO NOT confirm any preliminary EtG tests.

Inform donor of results:

- Yes
- No

Send results via:

- Phone
- Fax
- Email

Payment Information

- Cash
- Check
- Credit/Debit
- Bill Me

Name on Card: _____

Card Number: _____

Exp. Date: _____ CCV: _____ Street Number: _____ Zip Code: _____

Signature

Date: