



Request for Employer Services

Name of Employee:

Company Name:

Primary Contact:

Telephone Number:

Email Address or Fax to Send Results:

Physicals

- DOT Physical
- DOT Follow-up
- Employment Physical

Drug & Alcohol Testing

- Breath Alcohol Test
 - DOT Non-DOT
- Breath Alcohol Confirmation
- Drug Screen- Collect Only
 - DOT Non-DOT
- Drug Screen using CCMD chain of custody
 - DOT Non-DOT
 - 4 Panel w/o Marijuana
 - 5 Panel
 - 10 Panel
 - 10 Panel w/o Marijuana
 - 12 Panel (Expanded Opiates)
- Instant Drug Screen
 - 6 Panel 10 Panel

Lab Testing

- Hepatitis B Titer
- Lead and ZPP Test
- TB Quantiferon Gold

Vaccinations

- Hep B Injection
- TB Skin Test
- Tetanus
- Tetanus with Pertussis

Please Sign and Date:

Signature

Date