



Request for Employer Services

Name of Employee: _____

Company Name: _____

Primary Contact: _____

Telephone Number: _____

Email Address or Fax to Send Results: _____

PHYSICALS

- DOT Physical
- Employment Physical

LAB TESTING

- Hepatitis B Titer
- Lead and ZPP Test
- TB Quantiferon Gold
- Blood Draw Only (using Employer Lab Requisition Form)

DRUG & ALCOHOL TESTING

- Breath Alcohol Test
 - DOT (Federal) Non-DOT
- Drug Screen- Collect Only (using Employer's Chain of Custody)
 - DOT (Federal) Non-DOT
- Drug Screen with Medical Review (MRO) using CCMD Chain of Custody
 - DOT (Federal)
 - 4 Panel without Marijuana
 - 5 Panel
 - 7 Panel
 - 10 Panel
 - 10 Panel without Marijuana
 - 12 Panel (Expanded Opiates)
- Instant Drug Screen (Available in NH & ME)
 - 6 Panel 10 Panel

VACCINATIONS

- Hepatitis B Injection
- TB Skin Test
- Influenza

WORK RELATED INJURY or ILLNESS

Please Sign and Date:

Signature

Date