

**SS Location:** \_\_\_\_\_

**SERVICE ORDER FORM**

**COMPANY:** \_\_\_\_\_ **DATE:** \_\_\_\_\_  
**PATIENT'S NAME:** \_\_\_\_\_ **SSN:** XXX-XX-\_\_\_\_\_  
**SUPERVISOR'S NAME:** \_\_\_\_\_ **PO#:** \_\_\_\_\_  
**POSITION:** \_\_\_\_\_

**SERVICES**

DRUG SCREENS (TYPE)	
Instant Check	
DOT <b>FMCSA</b> <b>CRL Lab</b>	
DOT <b>PHMSA</b> <b>CRL Lab</b>	
DOT <b>USCG</b> <b>CRL Lab</b>	
DOT <b>FTA FAA FRA</b> <b>CRL Lab</b>	
Hair Test <b>Collection or House Account</b> circle one	
Oral Test <b>Collection or House Account</b> circle one	
NON DOT <b>CRL Lab</b>	
Confirmations	
(Positives Only, valid for quick screen only)	
Specimen Collection Only <b>Lab:</b> _____	
<b>DISA Collection DOT or NonDot</b> circle one	
(FMCSA or PHMSA circle one)	
Please check if needed- <b>OBSERVE COLLECTION</b>	
DRUG SCREEN (PURPOSE)	
Pre-Employment	
Pre-Access	
Random	
Post-Accident	
Reasonable Suspicion	
Return to Duty	
Other	
ALCOHOL SCREENS	
BAT (DOT)	
BAT (NON DOT)	
LABCORP SEND-OFF LABS:	
Labs:	
Labs:	
Labs:	

**SERVICES**

PHYSICALS	
General Physical	
DOT Physical <b>CDL</b>	
DOT Physical <b>USCG</b>	
Crane Operator Physical	
Health Screening & Rapid COVID-19 Molecular	
Health Screening & Rapid COVID-19 Antigen	
Health Screening & LabCorp COVID-19 PCR	
COVID-19 Exposure/Symptomatic	
Return To Duty	
UKOOA Physical	
X-Rays	
5 Back	
3 Back	
Chest (2 View)	
Chest (1 View)	
Lift Capacity Evaluation	
OSHA Audio	
Pulmonary Function Test	
Respiratory Fit test <b>Qualitative or Quantitative</b>	
Mask: <b>Mask:</b>	
Mask: <b>Mask:</b>	
EKG	
U/A	
Immunizations	
Other	
Other	
Other	
Other	

I, \_\_\_\_\_ hereby give my consent for this drug screen collection site  
to perform the collection of my urine sample. Results shall be reported to the appropriate  
authorities of \_\_\_\_\_

**Donor's Signature:** \_\_\_\_\_  
**Collector's Signature:** \_\_\_\_\_