

SERVICE ORDER FORM

COMPANY: _____ DATE: _____
 PATIENT'S NAME: _____ SSN: XXX-XX- _____
 SUPERVISOR'S NAME: _____ PO#: _____
 POSITION: _____

SERVICES

DRUG SCREENS (TYPE)	
Instant Check	
Confirmation Send Off: For Positive Quick Test	
DOT FMCSA CRL Lab House Account	
DOT PHMSA CRL Lab House Account	
DOT USCG CRL Lab House Account	
DOT FTA FAA FRA CRL Lab House Account	
Hair Test Collection or House Account circle one	
Oral Test Collection or House Account circle one	
NON DOT CRL Lab House Account	
Specimen Collection Only Lab: _____	
DISA Collection DOT or NonDot circle one (FMCSA or PHMSA circle one)	
Please check if needed- OBSERVE COLLECTION	
DRUG SCREEN (PURPOSE)	
Pre-Employment	
Pre-Access	
Random	
Post-Accident	
Reasonable Suspicion	
Return to Duty	
Return to Work	Other:
ALCOHOL SCREENS	
BAT (DOT)	
BAT (NON DOT)	
LABCORP SEND-OFF LABS:	
Labs:	
Labs:	

SERVICES

PHYSICALS	
General Physical	
DOT Physical CDL	
DOT Physical USCG	
Crane Operator Physical	
Physical with Rapid COVID-19 testing Molecular	
Physical with Rapid COVID-19 testing Antigen	
Physical with LabCorp PCR COVID-19 testing	
COVID-19 Exposure/Symptomatic	
Return To Duty/Work Reason:	
UKOOA Physical	
X-Rays	
5-View Back	
3-View Back	
Chest (2 View)	
Chest (1 View)	
Lift Capacity Evaluation	
OSHA Audio	
Pulmonary Function Test	
Respiratory Fit Test Qualitative or Quantitative	
Mask: Mask:	
Mask: Mask:	
EKG	
U/A	
TB Skin Test	
Immunizations	
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: _____