



Testing Request Form

Employee Notified: \_\_\_\_\_

Employee Tested: \_\_\_\_\_

Test is for (mark one):

- \_\_\_\_ PRE-EMPLOYMENT
- \_\_\_\_ RANDOM
- \_\_\_\_ POST ACCIDENT
- \_\_\_\_ REASONABLE SUSPICION
- \_\_\_\_ FOLLOW UP
- \_\_\_\_ RETURN TO DUTY

Test(s) to be performed:

- \_\_\_\_ DOT DRUG TEST
- \_\_\_\_ NON DOT 5-PANEL DRUG TEST
- \_\_\_\_ NON DOT 12-PANEL DRUG TEST
- \_\_\_\_ DOT ALCOHOL TEST
- \_\_\_\_ NON DOT ALCOHOL TEST

Employee Name: \_\_\_\_\_

Employee SSN: \_\_\_\_\_

Testing Authorized by: \_\_\_\_\_

Designated Employer Representative Signature

Date

\_\_\_\_\_ (Company) is committed to providing a safe, efficient, and productive work environment and is in compliance with State and Federal laws pertaining to substance abuse testing of employees or potential employees.

I (the employee) understand the substance abuse test I am taking today will evaluate the presence of specific drug groups or their components/metabolites in my urine. Employees who refuse to test, test positive for substance abuse or admit to substance abuse may be subject to disciplinary actions up to and including termination. Adulteration (intentional contamination) of urine samples will be considered a refusal to test.

I hereby consent to the collection of my specimen and its analysis for drugs of abuse. I certify that the information I provided on this form is correct. I authorize Ahead of the Kurve, LLC to release the results of this testing to my employer, prospective employer, or my employer's authorized personnel.

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

**TESTING WILL NOT BE PERFORMED WITHOUT THIS FORM AND A VALID PHOTO ID**

**CLINIC INSTRUCTIONS:**

The donor has arrived at your clinic because you have agreed to perform test collection services for Ahead of the Kurve, or you are listed as a LabCorp collection facility. Call Jessica at 877-331-5057 with questions.

- For Non-DOT tests please use a 5-Panel or 12 -Panel Instant Test where requested above and available at your clinic OR for a:
- **Non- DOT Lab Test Use: LABCORP Account # 147478**
- **DOT Lab Test use: LABCORP Account #147477**

Send All Billing To:  
Ahead of the Kurve  
Attn: Jessica Quimby  
PO Box 6071  
Boise, ID 83707

Please fax results and/or MRO copy of the COC to **208-331-8360** immediately following the test.