

Employer Passport Drug Testing Request Form

3400 Kauai Ct. #108, Reno, NV 89509
info@northstate.biz | www.NorthState.biz



**Drug & Alcohol
Testing Facility**

DATE:

EMPLOYER INFORMATION

EMPLOYER:

CONTACT:

PHONE:

EMAIL:

@

DONOR INFORMATION

EMPLOYEE/DONOR NAME:

SSN:

DATE OF BIRTH:

PHONE:

PAYMENT (SELECT 1): Employer Pays Employee/Donor Pays

REASON FOR TEST: Pre-Employment Random Reasonable Suspicion Post Accident Follow Up

TEST TYPE: Select all that apply Non-DOT DOT Breath Alcohol Test Hair Drug Testing

PLEASE LIST ANY SPECIAL INSTRUCTIONS HERE:

AUTHORIZATION

I, (name) _____, on behalf of (company) _____, hereby authorize North State Drug & Alcohol Testing to conduct the testing for the above-named individual. I further give permission for presumptive positive results to be forwarded to an outside lab for gas chromatography mass system confirmation and review by a Medical Review Officer if necessary.

AUTHORIZED BY:

TITLE:

Signature