



**AUTHORIZATION FORM: NON – REGULATED DRUG / ALCOHOL TESTING**

**Company Name:** \_\_\_\_\_ **Account Number:** \_\_\_\_\_

**Company DER:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Fax:** \_\_\_\_\_

**Donor Name:** \_\_\_\_\_ **Donor SSN** \_\_\_\_\_

**Scheduled Date:** \_\_\_\_\_ **Notification Expiration Time:** \_\_\_\_\_

**\*\*\*STUDENT RESPONSIBLE FOR ALL FEES ASSOCIATED WITH DRUG TESTING AND BACKGROUND CHECKS\*\*\***

REASON:

DRUG TEST \$16.00

Pre-employment

ALCOHOL TEST

Random

BACKGROUND \$30.00

Post-Accident

OTHER TEST: \_\_\_\_\_

Reasonable Suspicion

Return-to-Duty

*Emily Hammett*  
\_\_\_\_\_

Follow-Up

**SIGNATURE OF DER OR DESIGNATED SUPERVISOR**

\*\*Pre-Access

**EMAIL, FAX OR GIVE EMPLOYEE AUTHORIZATION FORM**

Longview [frontdesk@datcs.com](mailto:frontdesk@datcs.com) Fax 903-234-1948

Bossier City [frontbossier@datcs.com](mailto:frontbossier@datcs.com) Fax 318-212-1128

Tyler [fronttyler@datcs.com](mailto:fronttyler@datcs.com) Fax 903-534-5983

Wichita Falls [wffront@datcs.com](mailto:wffront@datcs.com) Fax 940-264-8808

From the time a donor is notified by a company representative to submit to a drug and/or alcohol test, he or she will be allowed thirty minutes plus travel time to arrive and check in with the approved collection site. *By signing this document, I acknowledge that I have read and understand the preceding statement. I furthermore acknowledge that my failure to submit to these instructions will subject me to the disciplinary action outlined in the company's drug/alcohol policy. Once the testing process begins, I will not be allowed to leave the premises. I acknowledge that leaving the facility will be reported as a **REFUSAL to test.***

**DONOR SIGNATURE:**