



AUTHORIZATION FORM: NON – REGULATED DRUG / ALCOHOL TESTING

Company Name: Kilgore College EMS Program **Account Number:** 519A

Company DER: Josh Tanner/Gary Schutter **Phone:** 903-988-7416

Fax: _____

Donor Name: _____ **Donor ID** _____

Scheduled Date: _____ **Notification Expiration Time:** _____

NON – REGULATED

REASON:

☐ **DRUG TEST**

☐ **ALCOHOL TEST**

☒ **BACKGROUND**

☒ **OTHER TEST:** 10 Panel Instant

☒ Pre-employment

☐ Random

☐ Post-Accident

☐ Reasonable Suspicion

☐ Return-to-Duty

☐ Follow-Up

☐ **Pre-Access

SIGNATURE OF DER OR DESIGNATED SUPERVISOR

EMAIL, FAX OR GIVE EMPLOYEE AUTHORIZATION FORM

Longview frontdesk@datcs.com Fax 903-234-1948

Shreveport frontshreveport@datcs.com Fax 318-212-1128

Tyler fronttyler@datcs.com Fax 903-534-5983

Wichita Falls wffront@datcs.com Fax 940-264-8808

Submit

Submit

Submit

Submit

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: