



TESTING REFERRAL

☐ Amended Order

Phone: (586) 281-0150 • Fax: (586) 281-0149 • Email: TAPSupport@classatrainingcenter.com
Please visit www.taptesting.com for location addresses and testing hours.

CLINTON TWP
43550 Elizabeth Rd,
Clinton Twp, MI 48036

MADISON HEIGHTS
26747 John R Rd.,
Madison Heights, MI 48071

ROMEO
180 Shafer Drive,
Romeo MI 48065

ST. CLAIR SHORES
28800 Harper Ave. Suite A,
St. Clair Shores, MI 48081

STERLING HEIGHTS
34224 Van Dyke,
Sterling Heights, MI 48312

TROY
1961 West South Blvd,
Troy MI 48098

NAME: _____ CASE #: _____
(Last, First)

ADDRESS: _____ CITY: _____ ZIP: _____

D.O.B: _____ PHONE #: _____ GENDER: **MALE** **FEMALE**

REFERRING AGENCY: _____

SENT RESULTS TO: _____
Name Fax / Email

REPORT TO TESTING SITE BY: _____ ☐ Holiday Testing ☐ Impact Panel - 2 hrs \$45

TESTING SPECIFICS:

Standard Confirmation Cost: \$25 per panel Kratom and Neurontin Confirmation Cost: \$50 per panel Specialty Confirmation Cost: Contact tapsupport@classatrainingcenter.com for a quote.

ALCOHOL:

☐ PBT Frequency: _____ x mth _____ x wk ☐ ETG Frequency: _____ x mth _____ x wk
Autoconfirm: **Yes** **No**

DRUGS

AUTO CONFIRM: Any panel that initially screens presumptive positive will automatically go through the confirmation process at no additional fee and without the donor ordering it. Auto confirm panels are only available on in-lab screens.
IN LAB: Samples are collected at TAP and sent immediately to the laboratory for screening on an instrument. Results are sent back to TAP with results that include a quantified creatinine level.

URINE

<input type="checkbox"/> 5 Panel Frequency: _____ x mth _____ x wk (COC, OPI, AMP, Mamp, BZO)	<input type="checkbox"/> Auto Confirmation	<input type="checkbox"/> Screen Only
<input type="checkbox"/> 6 Panel Frequency: _____ x mth _____ x wk (THC, COC, OPI, AMP, Mamp, BZO)	<input type="checkbox"/> Add ETG	<input type="checkbox"/> Add Fentanyl
<input type="checkbox"/> 10 Panel Frequency: _____ x mth _____ x wk (THC, COC, OPI, AMP, Mamp, BZO, BUP, MTD, OXY, PCP)	<input type="checkbox"/> Auto Confirmation	<input type="checkbox"/> Screen Only
<input type="checkbox"/> 12 Panel Frequency: _____ x mth _____ x wk (THC, COC, OPI, AMP, Mamp, BZO, BUP, MTD, OXY, PCP, MDMA, Fent)	<input type="checkbox"/> Add ETG	<input type="checkbox"/> Add Fentanyl
<input type="checkbox"/> 13 Panel Frequency: _____ x mth _____ x wk (THC, COC, OPI, AMP, Mamp, BZO, BUP, MTD, OXY, PCP, MDMA, Neurontin, Kratom)	<input type="checkbox"/> Auto Confirmation	<input type="checkbox"/> Screen Only
<input type="checkbox"/> 16 Panel Frequency: _____ x mth _____ x wk (THC, COC, AMP/MAMP, OPI, Soma, Tramadol, BUP, OXY, MTD, BZO, MDMA, BAR, Fent, Neurontin, Kratom)	<input type="checkbox"/> Add ETG	<input type="checkbox"/> Add Fentanyl
	<input type="checkbox"/> Auto Confirmation	<input type="checkbox"/> Screen Only
	<input type="checkbox"/> Add ETG	

A variety of other panels available upon request. Please contact tapsupport@classatrainingcenter.com for more information.

INSTANT: Samples are collected at TAP and screened on site using an onsite screening device. Although an instant adulteration panel is run, a quantitative creatinine level is not available on these samples. Samples that do not screen negative can be packaged and sent to the laboratory for confirmation at an additional charge.

<input type="checkbox"/> 6 Panel Frequency: _____ x mth _____ x wk (THC, COC, OPI, AMP, Mamp, BZO)	<input type="checkbox"/> 10 Panel Frequency: _____ x mth _____ x wk (THC, COC, OPI, AMP, Mamp, BZO, BUP, MTD, OXY, PCP)
<input type="checkbox"/> 12 Panel Frequency: _____ x mth _____ x wk (THC, COC, OPI, AMP, Mamp, BZO, BUP, MTD, OXY, PCP, MDMA, Fent)	

Confirmation required if presumptive positive: **Yes** **No**

ORAL FLUID

☐ **10 Panel** Frequency: _____ x mth _____ x wk All Oral Fluid is Autoconfirmed
(AMP/MAMP, BUP, BZO, COC, FEN, MTD, OPI, OXY, PCP, THC)

SWEAT PATCH TESTING

Application and Removal by Appointment ONLY Call 586-281-0150 to schedule an appointment.

STANDARD PANEL - Screen Plus Confirmation \$85
(Meth, Amp, COC, COD, MOR, HEROIN, THC, PCP)

EXPANDED PANEL – Screen Plus Confirmation \$135
(Meth, Amp, COC, COD, MOR, HEROIN, THC, PCP, Hydrocodone, Hydromorphone, Oxy, Fent)
Sweat patch testimony is only provided by the manufacture.
Any cost associated with testimony will be at the cost of the client and not covered by TAP.

All clients are tested on random basis determined by frequency specified above. If no referral is received or no frequency is specified, client will be placed on frequency of 1 test per week until otherwise specified by referring party. I hereby authorize the testing agency to receive and release any information regarding drug and alcohol testing to referring party. I agree to the terms and conditions put forth during my intake session.

Client Signature

WHITE copy for Referring Party • YELLOW copy for Client

Date