

CDT SERVICES

Certified Drug Testing Services LLC
418 E. 1st St Dumas TX 79029
Office 806.934.5571 FAX 806.934.5578
cdtservices@cs.com cdtservicesonline.com

AUTHORIZATION FORM

Person requesting the test is to fax copy of this request to:

Sherri Copelin, Office Manager

CDT SERVICES 806.934.5578

Company: _____ Ph _____ Date _____

Donor _____ SS# _____

CDL # _____

Time Issued _____ am pm

Drug Screening Hours – Mon – Thurs 8:30am – 5:00pm
Friday 8:30am – 4:00pm

Closed Daily 12 NOON – 1:00pm

On-Call 24/7 for emergencies call 806.930.1117

PLEASE CHECK APPROPRIATE () SPACE BELOW

Type of Test

- Non-Dot Drug
- DOT Drug
- Hair Drug Test
- Other
- 10 Panel Quick Test
- Synthetic K-2 Spice
- M CUP 11 PANEL RAPID

Reason for Test

- Pre-employment
- Random
- Post-Accident
- Reasonable Cause
- Return to Duty
- Follow-up
- Pre-access

ALCOHOL

- Non-Dot Alcohol
- DOT Alcohol

BILLING (if applicable)

- Employee to pay charges

EMPLOYEE MUST HAVE PHOTO ID and Social Security number. It is also very helpful if the donor has this authorization form at time of testing with testing information completed. Do not drink more than 24oz of fluids before arriving for a UA.

Statement of Notification (To be signed by the individual responsible for notifying the employee of random testing requirements)

I have notified the above employee of their selection to submit to random drug and/or alcohol testing. The employee has been advised that they have 30 MINUTES PLUS TRAVEL time to arrive at the designated collection site. Employee has been notified that failure to do so will be considered a REFUSAL TO TEST and may result in disciplinary action up to and including termination of employment.

Signature of Supervisor Responsible for Notification