**Drug and Alcohol Testing Notification**

**Donor Information:**

Name:

Employee ID:

Date of Notification:       Time of Notification:       AM/PM

**Collection Site Information:**

Name:

 Address:

City, State, Zip:

Phone Number:

**Type of Test:** [ ]  Alcohol [ ]  Drug [ ]  Both

**Testing Authority**: [ ]  DOT/FTA [ ]  Non-DOT

**Test Type:** [ ]  Pre-Employment [ ]  Random [ ]  Post-accident

[ ]  Reasonable Suspicion [ ]  Return-to-Duty [ ]  Follow-up

**Observed Collection**: [ ]  YES [ ]  NO

**To be filled out by Collection Site Personnel:**

Time of Arrival: AM/PM

**Return this form with the Employer Copy of CCF and/or ATF to:**

DER Name:

DER Fax Number:

DER Email Address: