**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: