

Gentle Touch Laboratory

Authorization for Employment Screening

P.O. Box 1782
Jasper, Florida 32052

(386) 205-2207
Fax (866) 462-5823

Date:	Time:	You have ____ hour(s) from the listed date and time to arrive and present yourself to the collection site.	
Company:		Applicant (or) Employee Name:	
Authorized By:		Social Security Number:	
Phone:	Fax:	Collection Site:	
E-mail:			
Location:			
<u>Reason for Test:</u> <input type="checkbox"/> Pre-Employment <input type="checkbox"/> Random <input type="checkbox"/> Post-Accident <input type="checkbox"/> Reasonable Suspicion/Cause <input type="checkbox"/> Return To Duty <input type="checkbox"/> Follow-Up <input type="checkbox"/> Other _____		<u>Services Requested:</u> <input type="checkbox"/> DOT Drug Screen <input type="checkbox"/> Non-DOT Drug Screen(10-Panel Lab Based Testing) <input type="checkbox"/> Non-DOT Drug Screen(5-Panel Lab Based Testing) <input type="checkbox"/> DOT Breath Alcohol Test <input type="checkbox"/> Non-DOT Breath Alcohol Test <input type="checkbox"/> Hair Drug Test <input type="checkbox"/> Rapid Drug Screen (5-Panel Screened by GTL) <input type="checkbox"/> Rapid Drug Screen (10-Panel Screened by GTL) <input type="checkbox"/> Physical (Call for Appt.) <input type="checkbox"/> Employment Physical (by MD, PA, or FNP) <input type="checkbox"/> Other: _____	
<u>Billing (Check if Applicable)</u> <input type="checkbox"/> Employee to pay Charges			
<u>Special Services:</u> <input type="checkbox"/> Urine (10-Panel + Alcohol) <input type="checkbox"/> Urine (10-Panel + Extended Opiates) <input type="checkbox"/> Hair (5-Panel + Extended Opiates) <input type="checkbox"/> Background Check (Criminal) <input type="checkbox"/> DOT Past Employment Verification (Drug and Alcohol)		<u>Services:</u> <input type="checkbox"/> Breath Alcohol <input type="checkbox"/> 10-Panel Instant <input type="checkbox"/> 12-Panel Instant <input type="checkbox"/> 14-Panel Instant <input type="checkbox"/> ETG Instant	<u>Titers:</u> <input type="checkbox"/> Mumps <input type="checkbox"/> Measles <input type="checkbox"/> Rubella <input type="checkbox"/> Varicella Zoster (Chicken Pox) <input type="checkbox"/> Hepatitis B
<u>Information and Guidelines</u> 1. You must have legal photo identification, Social Security Number, and this Authorization form in order to begin the testing process. 2. No appointment is necessary unless you are required to have a Physical. 3. Please remember all Physicals must be scheduled in advance. 4. If this is a urine test, drinking fluids is recommended, but do not drink more than 24 oz. of fluids within the one hour period before your test. 5. Personnel at Gentle Touch Laboratory do not receive results. Results are sent directly to your company. 6. Gentle Touch Laboratory's hours of operation are Mon - Fri 9:00 am to 4:00 pm 7. You must have your authorization form or you will not be allowed to test. For additional forms and information visit our website at www.gentletouchfl.com		100 Court Street, Suite 207, Live Oak, Florida 32064 7335 NW 13th Blvd, Suite 11, Gainesville, Florida 32653 25050 W Newberry Rd, Newberry, FL 32669 2700 Apalachee Pkwy, Suite B, Tallahassee, Florida 32312 202 West Gordon, Suite C, Valdosta, Georgia 31601	