



TESTING REQUEST FORM

COMPANY: _____ Date: _____

DONOR'S NAME: _____ DONOR'S SS. #: _____

REASON FOR TEST (circle test requested):

Pre-Employment Random Post Accident Client Request
Reasonable Suspicion Follow up Return to Duty Other: _____

NON-DOT TESTS (circle test requested):

URINE : specify panel (if needed) _____ Urine Instant 10 Panel Breath Alcohol
HAIR NAIL SALIVA OTHER: _____

DOT (circle test requested): Urine Breath Alcohol

DOT TESTING AUTHORITY (circle required):

FMCSA (Motor Carrier) FAA (Aviation) FRA (Railroad)
PHMSA (Pipeline) USCG (Maritime) FTA (Transit)

OTHER TEST REQUESTED:

Respiratory Fit Test (Type of Mask): _____
Pulmonary Function Audiogram Physical: DOT NON-DOT

You must proceed directly to the collection site for the test. Failure to do so will constitute a refusal to test.

Person Authorizing Test: _____ Date: _____
Notification Time: _____ Arrival Time: _____

Hours: Monday –Friday 07:30 am – 05:00 pm. For testing outside of those hours please contact the office to make arrangements.

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g7testing@g7testing.com

Please send all billing and testing copies to g7testing@gtesting.com