



Drug Programs. Compliance.

800-294-8758
7 Compound Drive
Hutchinson, KS 67502
pipelinetesting.com

Please ensure that all fields are completed unless indicated otherwise.

Test date: \_\_\_\_\_ (Leave date blank if unknown.)

Company: \_\_\_\_\_

Co. Contact: \_\_\_\_\_ Phone: \_\_\_\_\_
(Person who is sending employee to be tested.)

Co. DER: \_\_\_\_\_ Mike Orta \_\_\_\_\_ DER Phone: 713-725-8201

Donor Name: \_\_\_\_\_ SSN or Emp ID No: \_\_\_\_\_

Type of Testing Check all testing criteria the collection site must conduct below.

Ex. If conducting a DOT drug test, check off: Urine, DOT and the DOT mode dependent upon employee's position.
If you have questions, please contact your HR Representative.

- Urine Drug Collection Alcohol Test
\*DOT Non-DOT DOT Non-DOT

\*If DOT drug collection, please select mode(s) employee is testing under:

- PHMSA FMCSA USCG FAA

Reason for Testing: Check all that apply.

\*\*IMPORTANT\*\* - If an employee is out for an extended period of time and they need to be tested before returning to the workplace, whether their position is DOT or Non-DOT, you must choose "Pre-Employment" as the reason for testing. This will ensure the test will not be directly observed by the collector.

- Pre-Employment Reasonable Suspicion
Random Follow-up
Post Accident
Other \_\_\_\_\_

Collection Site Information: Optional.

Collection Site Name: \_\_\_\_\_
Address: \_\_\_\_\_
City: \_\_\_\_\_ ST: \_\_\_\_\_ Zip: \_\_\_\_\_
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Provide the completed authorization form along with the drug kit/Chain of Custody form to the individual to take to the collection site. A Pipeline Testing drug/alcohol testing kit must be used.

Billing Recipient For Testing:
Pipeline Testing Consortium, Inc.
Attn: Accounts Payable Department
9 Compound Drive
Hutchinson, KS 67502
PH: (620) 669-8800 FAX 620-669-0906