

Select location from drop down menu



LOCATION: _____

SERVICE ORDER FORM

COMPANY: _____	DATE: _____
PATIENT'S NAME: _____	SSN: _____
SUPERVISOR'S NAME: _____	PO#: _____
POSITION: _____	

DRUG AND ALCHOL SERVICES		OBSERVED
DRUG SCREENS (TYPE)		
Instant Check/Quick Screen		
DOT CRL LAB	FMCSA (use DL # for DS)	
DOT CRL LAB	PHMSA	
DOT CRL LAB	USCG	
DOT CRL LAB	FTA FAA FRA	
NON DOT CRL LAB		
Hair Test	COLLECTION HOUSE ACCOUNT	
Oral Test	COLLECTION HOUSE ACCOUNT	
Urine Specimen Collection		
Specify Lab: _____		
DOT Agency: _____		

PHYSICALS, X-RAYS & LAB SERVICES			
PHYSICALS			
General Physical			
DOT Physical	CDL		
DOT Physical	USCG		
Crane Operator Physical			
Hazmat			
Return To Duty			
UKOOA/OGUK Physical (Youngsville Only)			
LABORATORY TEST			
COVID-19 Health Screening (RTW)	MOLECULAR	ANTIGEN	PCR
COVID-19 - Exposure/Symptomatic	MOLECULAR	ANTIGEN	PCR
TB Skin Test			
Urine Analysis			
Other			

DISA COLLECTION	
Check one: DOT <input type="checkbox"/> NON DOT <input type="checkbox"/>	
If DOT specify agency Agency: _____	
DRUG SCREEN (PURPOSE)	
Pre-Employment	
Pre-Access	
Random	
Post-Accident	
Reasonable Suspicion	
Return to Duty (Observed)	
RTD Follow up (Observed)	
Other	

X-RAYS	
5 View Back	
3 View Back	
2 View Chest	
1 View Chest	
Other View	Specify View: _____

ALCOHOL SCREENS	
BAT (DOT)	
BAT (NON DOT)	

OTHER OCCUPATIONAL MEDICINE SERVICES	
Lift Capacity Evaluation (Youngsville, Lafayette SouthSide, St. Peters Only)	
OSHA Hearing Audiogram (Youngsville, St. Peters, and Abbeville Only)	
Pulmonary Function Test	
OSHA Questionnaire Only	
Respirator Fit Test: Qualitative and/or Quantitative	
Mask #1 _____	
Mask #2 _____	
Mask #3 _____	
EKG	
Travel Immunizations (Youngsville Only)	
Specify Immunization: _____	
Other:	
Other:	
Other:	

WORKPLACE INJURIES	
Type of Incident	
Date of Incident	
Employer Billed	WC Insurance Billed

I, _____ hereby give my consent for this drug screen collection site to perform the collection of my urine sample. Results shall be reported to the appropriate authorities of _____.

Donor's Signature: _____

Collector's Signature: _____