

Test Request Form

Employee Name _____

Date of Test _____

SSN / Emp ID No. _____

DER _____

Company Name _____

DER Ph. _____

Drug Screen

Test Type

☐ DOT

☐ non-Dot

Reason for Test

☐ Random

☐ Pre-Emp

☐ Reas. Susp

☐ Post-Acc

☐ Other

Additional Testing

Alcohol

☐ Breath

☐ Saliva

☐ Dot

☐ non-Dot

Physical

☐ DOT

☐ non-Dot

Instant-Test

☐ 5-Panel

☐ 9-Panel

☐ 10-Panel

Laboratory / MRO

TPA

Wayne Wicks & Associates

110 N. Broadway, Ste C

La Porte, TX 77571

Ph: (713) 439-1896

Fax: (713) 622-4748

www.wwicks.com

Laboratory

One Source Toxicology

1213 Genoa Red Bluff

Pasadena, TX 77504

Ph: (888) 747-3774

Courier: UPS

Bill Receiver: 2A0R88

MRO

Philip Lopez, M.D.

3501 SW 185th Ave

Miramar, FL 33029

Ph: (954) 592-3680

Fax: (954) 450-9495

Immediately following collection, please fax completed CCF to (713) 622-4748

NOTE: Please save the filled out form as a PDF file and e-mail it to kcampozano@wwicks.com

or print it out and fax it to (713) 622-4748.