Drug Screen Authorization Form

EMPLOYER INSTRUCTIONS-FOR DESIGNATED EMPLOYER REPRESENTATIVE:

When sending a person to this collection site for drug screening and/or breath alcohol testing, please do the following:

1. Complete this form

2. Fax completed for to – MFP Work Wellness at 803-286-6943:
Or email it to info@MFPworkwellness.com

3. Give copy of form to employee to take with him/her to the collection site- this will help ensure the testing/collection is done correctly.

Who is sending this person to the collection site?

Employer/Company Name: ______________________________

Designated Employer Representative(s) whom is authorized to receive results:

Primary Recipient
Name: ______________________ **Phone:** ______________________

Secondary Recipient(s) if primary is unavailable:
Name: ______________________ **Phone:** ______________________

Notification of Testing Results Preference: (check one)

☐ Email:______________________________
☐ Fax: ______________________________
☐ Mail to:______________________________

Employee's Name: ______________________________
Employee's Date of Birth:___/___/____ **Employee's SS#**____-___-_____
Date Employee Sent to Collection Site:___/___/_____

Check & Complete All Applicable:

Test Reason: (check one) ☐Pre-Employment ☐Return-To-Duty ☐ Follow-up ☐Random ☐Reasonable Suspicion ☐ Post-Accident

Type of Test: (check one) ☐Non-DOT ☐DOT

Test to be Performed: (check one) ☐Urine Drug Only ☐Hair Follicle Drug ☐ Breath Alcohol Only ☐Urine & Hair Follicle Drug ☐ Drug & Breath Alcohol

Specify Testing Authority: HHS NRC DOT—Specify Agency: ☐ FMCSA ☐FAA ☐ FRA ☐ FTA ☐PHMSA ☐ USCG
Check ONE ONLY!

Please check there if Observation is required for Urine Drug Screening: ☐

Please check box if this is a 10 panel NON DOT UDS: ☐

Designated Employer Representative Signature ______________________________

By signing this form, you authorize MFP Work Wellness to perform the tests requested above. If you have any questions, please contact our office 803-286-5223 Monday-Friday 8:00 a.m. – 5:00 p.m. or email us at info@MFPworkwellness.com.