

**C D T SERVICES
CERTIFIED DRUG & ALCOHOL TESTING**

418 E. 1ST STREET, DUMAS, TX 79029 PH: 806-934-5571 Fax: 806-934-5578

www.cdt-services.com email cdtservices@cs.com

AUTHORIZATION FORM

Person requesting the test is to fax copy of this request to:

C D T SERVICES 806-934-5578

Company: _____ Phone: _____ Date: _____

Donor: _____ SS# _____

Time Issued: _____ am pm

Drug Screening Hours 8:30 a.m. to 5:00 p.m. Closed at lunch from 12 Noon to 1 p.m.

On-Call 24/7 for emergencies call 806-930-1117

PLEASE CHECK APPROPRIATE () SPACE BELOW

Type of Test

- Non-Dot Drug
- DOT Drug
- Hair Drug Test
- Other
- 10 PANEL QUICK TEST
- Duty**
- 5 PANEL QUICK TEST
- Fit Test

Reason for Test

- Pre-employment
- Random
- Post-Accident
- Reasonable Cause
- Return B To B

- Follow-up
- Pre-access

ALCOHOL

- Non-Dot Alcohol
- DOT Alcohol

- Billing (check if applicable)
- Employee to pay charges



EMPLOYEE MUST HAVE PHOTO I.D., Social Security number, and this Authorization form in order to begin testing. FIT Testing requires an appointment. Do not drink more than 24 oz of fluids before arriving for a UA.

Statement of Notification (To be signed by the individual responsible for notifying the employee of random testing requirements):

I have notified the above employee of their selection to submit to random drug and/or alcohol testing. The employee has been advised that they have 30 MINUTES PLUS TRAVEL TIME to arrive at the designated collection site. Employee has been notified that failure to do so will be considered a REFUSAL TO TEST and may result in disciplinary action up to and including termination of employment.

Signature of Supervisor Responsible for Notification