



American Substance Abuse Professional Drug Solutions, Inc.
455 E. Carson Plaza Dr., Carson, CA 90746 Tel# (562) 624-2720

D.O.T./Company Policy Drug and Alcohol Authorization Slip

Date: _____

(For services to be rendered, date of service must match date on authorization slip.)

Department Name: _____ Dept. NO.: _____

Collection site Name: _____ Collection site Phone#: _____

Employee Name: _____ SS#: _____

Authorized by: _____

Signature Name (Print)
(Signature indicates that your company is assuming responsibility for payment of charges.)

Telephone #: _____

Fax #: _____

The drug/alcohol test will be performed when the appropriate selections in columns 1, 2, and 3 are complete.

1	2	3
<u>Type of Test:</u>	<u>Agency/Consortium</u>	<u>Test Requested</u>
_____ Pre Employment	_____ DOT (FMCSA)	_____ DOT Drug
_____ Random	_____ DOT (PHMSA)	_____ DOT Alcohol
_____ Follow-up	_____ DOT (USCG)	<input checked="" type="checkbox"/> Non-DOT Drug
_____ Post Accident	_____ DOT (FTA)	_____ Non-DOT Alcohol
_____ Return to Duty	_____ DOT (FAA)	<input checked="" type="checkbox"/> Other
<input checked="" type="checkbox"/> Reasonable Suspicion/Cause	_____ DOT (FRA)	Specify <u>URINE ALCOHOL</u>
_____ Other	_____ Company Policy	
	<input checked="" type="checkbox"/> Other	
	Specify <u>LA COUNTY</u>	

**EMPLOYEE/DONOR MUST BRING VALID PHOTO ID!!!
BILL ASAP FOR ALL DRUG AND ALCOHOL SERVICES.**

For Collection Site – Donor Arrival Time: _____

For Collection Site – Donor Departure Time: _____