

Company Name: _____

Company Address: _____

Contact Name: _____

Contact Phone/Fax: _____

Contact Email: _____

of Employees: _____

Business Locations: _____

SERVICES:

Non-DOT Drug Testing: Y N

DOT Drug Testing: Y N

Desired Testing Panels: 5 Panel (Amphetamines, Cocaine, PCP, THC, Opiates)
 9 Panel (5 + Benzodiazepines, Barbiturates, Propoxyphene, Methadone)
 Other _____

Testing Specimen(s) Urine
 Hair
 Saliva

Background Screening: Y N

Desired Background Screening Services: Criminal Background Credit Checks
 Social Security / Identity Verification Employment Verification
 Motor Vehicle Records (MVR) Education / Professional License Verification

Please fax this form to Blueline at 801.595.8378