



The Drug Testing Place
113 Lapalco Blvd. Suite 204
Gretna, LA 70056

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drugtestingplace@att.net

Client Form

Company Name: _____

Address: _____

City/State: _____ **Zip Code:** _____

Phone: _____ **Fax:** _____

Contact Person: _____

Drug Screen Information

Pre-Employment: Yes ___ **No** ___

Reasonable Suspicion/Cause: Yes ___ **No** ___

Pre-Access: Yes ___ **No** ___

Random: Yes ___ **No** ___

Return To Duty: Yes ___ **No** ___

Post Accident: Yes ___ **No** ___

Follow Up: Yes ___ **No** ___

Other: _____

Lab Preference: _____

Alcohol Information

___ **Breath Alcohol Test (EBT)**

___ **Swab Alcohol Test**

Comments or Special Protocol:

