



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

**Office: 504-394-3333 Fax: 504-394-3355**  
**drugtestingplace@att.net**

## **TEST REQUISITION FORM**

**Employee Name:** \_\_\_\_\_ **Employee SSN:** \_\_\_\_\_

**Craft/Title:** \_\_\_\_\_

**Company Name:** \_\_\_\_\_

### **Reason For Test**

- Pre-Employment**
- Reasonable Suspicion/Cause**
- Pre-Access**
- Random**
- Return To Duty**
- Post Accident**
- Follow Up**
- Other** \_\_\_\_\_

### **Drug/Alcohol Tests**

- DOT Drug Screen**
- DOT EBT Alcohol Test**
- Non DOT Drug Screen**
- Non DOT EBT Alcohol Test**
- Onsite Instant Test (5 Panel)**

**\*\*Employee must present photo identification for drug testing\*\***

**Designated Employee Rep. Ordering Test(s):** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Appointment Date/Time:** \_\_\_\_\_ **AM/PM**