



Foundations Drug Testing LLC  
515 E. Carlson St Suite 104  
Cheyenne, WY 82009  
307-638-4092 Phone  
307-635-3967 Fax

## DRUG SCREENING AUTHORIZATION FORM

Please take a photo ID with you

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

Donor Name: \_\_\_\_\_

<input type="checkbox"/> Random	<b>Reason for test:</b>
<input type="checkbox"/> Pre- Employment	<input type="checkbox"/> Reasonable Suspicion
<input type="checkbox"/> Post-Accident	<input type="checkbox"/> Follow- Up
	<input type="checkbox"/> Return to Duty

<input type="checkbox"/> Rapid Screen (5 Panel)	<b>Type of Test</b>
<input type="checkbox"/> Breath Alcohol	<input type="checkbox"/> Urine Lab (5 panel/6 panel/8panel/Spice)
<input type="checkbox"/> DOT Breath Alcohol	<input type="checkbox"/> DOT Urine
	<input type="checkbox"/> Saliva Lab (5panel/6panel/alcohol)

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

Company Address: \_\_\_\_\_

Company Phone number: \_\_\_\_\_

Fax number/email address for results: \_\_\_\_\_

Authorized By: \_\_\_\_\_

Signature: \_\_\_\_\_

Company paid                       Donor paid  
*Please see pricing list*

Please bring this authorization form with you to the testing site, it must be signed by a supervisor.

**Remember to bring a photo Id with you.**