

# Employer Passport Drug Screening Request



3400 Kauai Ct. #108, Reno, NV 89509  
info@northstate.biz | www.NorthState.biz

DATE: \_\_\_\_\_

## EMPLOYER INFORMATION

BUSINESS: \_\_\_\_\_

CONTACT: \_\_\_\_\_

PHONE: \_\_\_\_\_

EMAIL: \_\_\_\_\_

PAYMENT (SELECT 1):  Employer Pays  Employee/Donor Pays

REASON FOR TEST:  Pre-Employment  Random  Reasonable Suspicion  
 Post Accident  Follow Up  Return to Duty

TEST TYPE: Select all that apply  Non-DOT  DOT  Breath Alcohol Test  Hair Drug Testing

PLEASE LIST ANY SPECIAL INSTRUCTIONS HERE:

I, (name) \_\_\_\_\_, on behalf of (company) \_\_\_\_\_, hereby authorize North State Drug & Alcohol Testing to conduct the testing for the above-named individual. I further give permission for presumptive positive results to be forwarded to an outside lab for gas chromatography mass system confirmation and review by a Medical Review Officer if necessary.

AUTHORIZED BY: \_\_\_\_\_

TITLE: \_\_\_\_\_

Signature

## DONOR INFORMATION

DONOR NAME: \_\_\_\_\_

SSN: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_

PHONE: \_\_\_\_\_

EMAIL: \_\_\_\_\_

I authorize North State Drug and Alcohol Testing Facility to release results to the above agency.

DONOR SIGNATURE: \_\_\_\_\_