

5 Panel Instant 5 Panel DOT Collection Breath Alcohol

Post Accident	_____	_____	_____	_____
Pre-Employment	_____	_____	_____	_____
For Cause/Suspicion	_____	_____	_____	_____
Random	_____	_____	_____	_____
Request Only	_____	_____	_____	_____

If requesting Collection only, please provide our office with “Pre-printed” Chain of Custody forms and the required collection cups complete with packing and airbills.

MRO (Medical Review Officer) service to be performed

by: _____

Other Services Requested

DOT Physical Exam	_____
Pre-Employment Exam	_____
Fit for Duty Exam	_____
Audiometric (hearing) Test	_____
Pulmonary Function Test	_____
Range of Motion Test	_____
Lift Test	_____
EKG's	_____
Hepatitis A Injections 2 series	_____
Hepatitis B Injections 3 series	_____
Flu Vaccine	_____
TB	
Blood Lead Level	_____
Hair Collection Testing	_____