



- 3850 Ramada Dr., Ste. D 3-A Paso Robles, 93446 Ph# 805-434-1477 Fax 805-434-1482
- 1223 Higuera St., Ste. 102, San Luis Obispo, 93401 Ph# 805-782-0903 Fax 805-782-0971
- 222 Carmen Lane, Ste. 101, Santa Maria, 93458 Ph# 805-349-0558 Fax 805-349-0811

Hours of Collection: Mon – Fri, 8am - 11:30am and 1pm – 4:30p.m. Closed 12pm - 1p.m.

Note: San Luis Obispo office is Closed on Fridays

OVERTIME WILL BE BILLED @ \$35.00 PER ¼ HOUR from 12pm-1pm and after 5pm

DONOR PASSPORT (Request for Drug Screen and/or Alcohol Test)

SAVE TIME: Fax this completed form to the collection facility, ahead of the employee’s scheduled collection.

IDENTIFICATION: Donor must provide a valid picture ID or be accompanied by an Employer Representative. Once the collection process is started, you are expected to stay until collection process is completed; failure to do so or failure to cooperate can be considered a refusal to test. Please limit number of visitors that accompany you and be aware that childcare is not available at the site, and no one may accompany you into the restroom including infants.

IDENTIFICACIÓN: Donantes deben proporcionar un ID de imagen válida, o ser acompañado por un representante de empleadores. Una vez que se inicia el proceso de recopilación, se espera que permanezca hasta que se haya completado el proceso de recopilación; si no lo hace, o falta de cooperación se puede considerar un rechazo de la prueba. Por favor límite de número de visitantes que acompañe y ser conscientes de cuidado de los niños no está disponible en el sitio y nadie que le acompañe en el sanitario, incluidos a los bebés.

Donor Name: _____ **Soc. Sec.#** _____

Date of Birth: _____ **Phone #** _____ **Photo ID:** _____

Company Name: _____

Company Contact: _____ **Phone #** _____

Notified donor (date/time): _____ **Do not test after (date/time):** _____

Star Drug Testing Use Only

Donor Arrival: (date/time): _____ **Donor Departure(date/time):** _____

Reason for Test:	Observed <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Pre-Employment <input type="checkbox"/> Random <input type="checkbox"/> Reasonable Suspicion <input type="checkbox"/> Post Accident <input type="checkbox"/> Return to Duty <input type="checkbox"/> Follow Up <input type="checkbox"/> Other	
DOT Test (s) to be Performed: (Check appropriate boxes) <input type="checkbox"/> FMCSA <input type="checkbox"/> PHMSA <input type="checkbox"/> USCG <input type="checkbox"/> FAA <input type="checkbox"/> FRA <input type="checkbox"/> FTA	
<input type="checkbox"/> Urine Drug Test <input type="checkbox"/> Breath Alcohol Test <input type="checkbox"/> Both	
PUC Test (s) to be Performed: (Check appropriate boxes)	
<input type="checkbox"/> Urine Drug Test <input type="checkbox"/> Breath Alcohol Test <input type="checkbox"/> Both	
NON-DOT Test (s) to be Performed: (Check appropriate boxes)	
Drug Test: (Check appropriate boxes, different fees apply)	
<input type="checkbox"/> Instant 5-panel <input type="checkbox"/> E-Cup 5panel <input type="checkbox"/> X-cup 5panel <input type="checkbox"/> X-cup 10panel <input type="checkbox"/> Other Panel#: _____	
Alcohol Test: <input type="checkbox"/> Breath Alcohol Test	
Hair Test: (different fees apply)	
<input type="checkbox"/> Standard 5-panel <input type="checkbox"/> Extended 5-panel	