



NATIONAL OCCUPATIONAL HEALTH SERVICES, LLC.

6732 E. 41st St. Tulsa, OK 74145
(918)794-4777 Voice (918)794-4778 Fax

AUTHORIZATION FOR EXAMINATION AND TESTING

PHOTO ID IS REQUIRED AT TIME OF SERVICE

PATIENT NAME: _____ DOB: _____ SSN: _____

POSITION: _____ JOB CODE: _____

COMPANY NAME: Oklahoma Department of Corrections

FACILITY: _____

RESPONSIBLE PARTY: _____

National Occupational Health

DRUG & ALCOHOL TESTING SERVICES REQUESTED

PLEASE CHECK ALL THAT APPLY

REASON:

- Pre-Employment
- Reasonable Suspicion/Cause
- Random
- Post-Accident
- Promotion/Current

SUBSTANCE ABUSE TESTING:

URINE DRUG SCREEN

- 5 PANEL LAB (NON-DOT)
- DOT DRUG SCREEN

BREATH ALCOHOL TEST

- NON-DOT
- ALCOHOL

SERVICES REQUESTED

PHYSICALS:

- PRE-EMPLOYMENT WORK EXAM

APPOINTMENT DATE AND TIME

DATE

ISSUED: _____

TIME ISSUED: _____ AM PM

REPORT BY: _____ AM PM

REPORT TO CLINIC/COLLECTION SITE NAME AND ADDRESS

Authorized by: _____

Title: _____

Phone: _____

Date: _____

**** ATTENTION COLLECTION SITE ****

**IF DONOR DOES NOT ARRIVE ON THE AUTHORIZATION DATE OR APPOINTMENT TIME,
DO NOT PERFORM A COLLECTION!!!!**