



Referral or Authorization for Services

Employee Information *Please take a Valid Government Photo Issued ID*

Donor Full Legal Name		
Notification Date	Time of Notice	Phone Number
EID or SSN	Date of Birth	

Drug Testing Collection **Yes** **No** **DOT-FTA** **Direct Observation Required**

Reason for Test

Pre-Employment	Random	Reasonable Suspicion	Post-Accident	Return to Duty	Follow-Up
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DOT-FTA DRUG COLLECTIONS

Breath Alcohol Testing **Yes** **No** **DOT-FTA Breath Alcohol**

Reason For Test

Pre-Employment	Random	Reasonable Suspicion	Post-Accident	Return to Duty	Follow-Up
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Employee Signature ACKNOWLEDGED: I understand I have received notification for testing

Date:

DER/Requestor

DER

Requestor Name Phone

Testing Site / Address

Reporting Methods **Billing** IF YOU ARE A QUEST PPN SITE, PLEASE USE YOUR SITE CODE ON THE QUEST COC.

- **All** MRO copies and BATs must be faxed or emailed to the MRO **immediately** following the collection.
Fax: 855-253-5666 | Email: dataentry@i3screen.com
- Employer copies of BATs and CCFs should be faxed and all originals **must be** mailed to the employer.
- **DER: (please refer to protocol)**
- Email/fax all results and forms immediately to:
Email: results@applya.com | Fax: 919-328-3177

applya Occupational Strategies
ATTN: Accounts Payable
131 Falls Street Ste. 301
Greenville, SC 29601
Phone: 864-990-3696 | Fax: 919-328-3177
Email: accounting@applya.com

If you are unable to get in touch with the DER please contact applya for questions related to testing at Client Services:
Phone: 864-990-3696 | Fax: 919-328-3177
Email: ClientServices@applya.com

CHECK OUT Collection Site: Please make sure this Authorization Form goes back to the DER.

PLEASE SIGN BELOW TO VERIFY ALL SERVICES INDICATED AND CHECKED ABOVE HAVE BEEN PERFORMED TODAY

Signature	Check In Time:
	Check Out Time: