



AccuDiagnostics
2470 Mall Dr. Suite A
Charleston, SC 29406
843-745-6132
Fax: 843-745-6136

COLLECTION AUTHORIZATION

Company Name: _____

PATIENT NAME: _____ **Social Security # / ID:** ____ - ____ - ____

Reason: (check one) (____ Random) (____ Pre-employment) (____ Post Accident) (____ Other)

Type of test requested: (please check one)

- | | |
|---|--|
| <input type="checkbox"/> Instacheck (Same Day) 5 Panel Screen | <input type="checkbox"/> Instacheck (Same Day) 10 Panel Screen |
| <input type="checkbox"/> Reference Lab 5 Panel Screen (2 day) | <input type="checkbox"/> D.O.T Laboratory Screen (Federal) |
| <input type="checkbox"/> Hair Analysis Screen | <input type="checkbox"/> Breath Alcohol Screen (D.O.T. cert.) |

AUTHORIZED BY: (Company Agent) : _____ **DATE:** _____

EMPLOYEE INSTRUCTIONS: You **must** bring this form with you on the date scheduled above and present it to *Accudiagnostics'* personnel in order to be tested. You **MUST** also have a **picture ID** with you for identification purposes. Failure to have these items will prevent the collection and screen. If you have questions, please call 843-745-6132.

