



Conspire!TM
before you hire

www.drugtestingelpaso.com

Conspire!
11500 Pellicano A-9
El Paso, TX 79936
(915) 209.3320

REQUEST FOR DRUG SCREEN AND/OR ALCOHOL TEST DONOR **MUST PROVIDE A VALID PICTURE I.D.** OR BE ACCOMPANIED BY AN EMPLOYEE REPRESENTATIVE. IF YOU ARE HAVING A DOT TEST, **BE PREPARED TO STAY UNTIL SPECIMEN HAS BEEN PROVIDED.** (PER DOT RULES & REGULATIONS THERE IS A 3 HOUR MAXIMUM)

Name _____

Social Security Number _____

Date of Birth _____

CHECK APPROPRIATE BOXES:

DRUG SCREEN

- DOT DRUG TEST
- NON-DOT DRUG TEST
- QUICK KIT (5 PANEL OR 10 PANEL)
- HAIR
- COLLECTION

ALCOHOL TEST

- DOT BREATH ALCOHOL
- NON-DOT BREATH ALCOHOL
- CONFIRMATION IF NECESSARY
- BACKGROUND CHECK

NOTE: _____

PURPOSE

- PRE-EMPLOYMENT
- REASONABLE CAUSE
- ANNUAL
- RANDOM
- RETURN DUTY
- BACKGROUND CHECK
- POST-ACCIDENT
- FOLLOW UP

Company _____

DONOR PAYS

BILL COMPANY

Signature _____ Date _____

Print Name _____

Monday thru Friday, 8:00 a.m. to 5:00 p.m.

**BEFORE AND AFTER HOUR COLLECTIONS BY APPOINTMENT
CALL FOR ADDITIONAL COLLECTION SITES IN AND OUT OF STATE**



