



DRUG SCREENING REQUEST FORM

All invoices will be sent electronically. Please provide a valid email address. Invoices will be sent from quickbooks@notification.intuit.com. Please make sure this email address is in your safe senders list. Invoices must be paid within 30 days of receipt.

I. Requesting Agency Information

Employing Agency	Agency Address
------------------	----------------

Contact for invoicing. Initial cost of test is \$50. Applicant may contest a positive test and additional charges will be billed to the applicant. Cost to contest is \$30 per positive drug line plus \$15 for shipping.

Contact Person	Contact Email	Contact Phone #
----------------	---------------	-----------------

Results will be sent directly to the agency requesting the pre-employment screening.

Preferred delivery method: fax email mail

II. Where to send results

Contact Person	Contact Phone
----------------	---------------

Fax #

Email Address

Mailing Address

III. Applicant Information

Last Name	First Name	Middle Initial
-----------	------------	----------------

Phone #	Date of Birth
---------	---------------

IV. Test Results

Negative

Positive

I contest the results of my drug screen and wish to pursue further analysis. I understand that I am responsible for the cost of this analysis \$_____. I also understand that the cost of this analysis is to be paid prior to the screening being sent to the laboratory. The applicant is responsible for costs associated with contesting their results. \$30 per positive drug line/\$15 shipping. (Receipt should be attached to this form prior to mailing the test.)

V. Release of Results

I have seen the results of my drug screening on this date. I agree that the results are as listed above. I authorize the Alpena County Sheriff's Office to share my drug screen results with the above listed company and agency contact(s) in sections I & II.

Applicant Signature

Date

Notary Public / Officer Signature

Date

VI. Test Information

Lot #	Expiration Date:	Test Administrator	Applicant ID verified by
-------	------------------	--------------------	--------------------------

VII. Invoice Information

Date invoiced	Date Due	Date Payment Received	Payment method
---------------	----------	-----------------------	----------------