

Atascosa Screening, LLC

201 S. Main
Pleasanton, TX 78064
830-569-2802

REQUISITION FORM

Company Information:

COMPANY NAME: _____ DATE: _____
COMPANY LOCATION: _____ TIME ISSUED: _____ am pm
Person Authorizing Test: _____

Donor Information:

EMPLOYEE NAME: _____
SSN: _____ - _____ - _____
Employee daytime phone number: _____

Testing Information:

Type of Form: _____ EPCC _____ Corporate

Type of Test: _____ DOT Federal DRUG Testing-Specify DOT Agency: _____
(FAA,FRA,FTA,USCG,PHMSA,FMCSA)
_____ DOT Breath Alcohol
_____ Non DOT Forensic Drug Testing _____ Non DOT Breath Alcohol
_____ Instant Urine 5 Panel _____ Instant Urine 10 Panel

REASON:

URINE DRUG

BREATH ALCOHOL

	Pre-Employment		Pre-Employment
	Random		Random
	Post -Accident		Post -Accident
	Reasonable Cause		Reasonable Cause
	Return to Duty		Return to Duty
	Follow-up		Follow-up
	Other:		Other: