



integritytesting
& safety administrators
AUTHORIZATION FOR TESTING

Company:

This shall act as an authorization to perform the following collections as indicated below. Employer CCFs are stored at your site/ or donor will present you with CCF. If proper paperwork is unavailable or if you have any questions, please contact ITSA at 586-991-0000.

DOT:	Agency:	LAB:	LAB ACCT:	
non-DOT:		LAB:	LAB ACCT:	
Form to Use:	<input type="checkbox"/> Stored at Clinic		Employee Brings CCF to Clinic	

ONLY Perform Services that are checked.

Pre-Employment:	<input type="checkbox"/> Drug	<input type="checkbox"/> Breath Alcohol
Random:	<input type="checkbox"/> Drug	<input type="checkbox"/> Breath Alcohol
Reasonable Suspicion/Cause:	<input type="checkbox"/> Drug	<input type="checkbox"/> Breath Alcohol
Return to Duty (Direct Observed-DOT)	<input type="checkbox"/> Drug	<input type="checkbox"/> Breath Alcohol
Post-Accident	<input type="checkbox"/> Drug	<input type="checkbox"/> Breath Alcohol
Follow up Testing (Direct Observed-DOT)	<input type="checkbox"/> Drug	<input type="checkbox"/> Breath Alcohol

Comments to Collector:

Contact Information		Date:
Requested By Name: (Company Representative)		
Phone Number:	Ext:	
Email Address:	Fax Number:	
Bill Services To:		
Integrity Testing & Safety Administrators Accounts Payable 6015 19 Mile Road Sterling Heights, MI 48314 BILLING@INTEGRITYTESTING.NET		

Donor's Name: _____

Donor's SS/ID/CDL Number: _____

Time Notified: _____

Please transmit MRO copy of CCF and copy of BAT to TPA:

ITSA Fax: 586-991-0195 or

ITSA email: MRO@integritytesting.net

Email or Fax all Employer Copies to the employer

The Most Important Part of Your Substance Abuse Testing Program... Integrity