Infinity College <u>Student</u> Testing DRUG TEST REQUISITON FORM / MRO USERV Weinstein

| DATE:_ | | | _ | | | | |
|------------------|---|---------------|---------|------------------------------|----------------------------------|-----|--|
| STUDEN | T NAME: | | | | | | |
| I | | | | | ALL URINE COLLECTIONS | | |
| | | | | | | | |
| <u>Student</u> | s MUST Prep | ay \$40 to th | | . No CASH a only. | ccepted. Credit Card or Money or | der | |
| REASON | N FOR TEST: | (Check any | | ony. | | | |
| Reason | | Non-DOT | Non-DOT | | Check any that apply | | |
| | | URINE | ALCOHOL | | X NON - DOT | | |
| Pre-ACCESS | | | | | | | |
| Random | | | | | | | |
| Post-Accident | | | | | Check if Direct Observe OBSERVE | | |
| Reasonable Cause | | | | | | | |
| Return to Duty | | | | | | | |
| Follow Up | | | | | | | |
| Other | | | | | | | |
| Check th | ne test policy | 1 | 1 | _ | | | |
| Check | Check DISA POLICY TYPE | | | DISA/ALERE FACILITY/LAB ACCT | | | |
| Х | NON-DOT Corporate Infinity College Students | | | | 199914 | | |

DONOR MUST PRESENT LEGAL PHOTO ID

*IF THERE ARE ANY UNUSUAL CIRCUMSTANCES CONCERNING THIS COLLECTION, PLEASE CALL 337-261-9009

* Please email results direct to twilliams@infinitycollege.edu & SDavis@infinitycollege.edu when available.

Address for Drug Testing Facility:

DISA Global Solutons

825 Kaliste Saloom Road, Building 1 Suite 100

Lafayette LA 70508 PHONE: 337-262-9661