

Pipeline Testing Consortium, Inc.

www.pipelinetesting.com

9 Compound Drive • Hutchinson, Kansas 67502 • (800) 294-8758 • FAX (620) 669-0906

Test date: _____

Company: _____

Co. Contact: _____ Phone: _____

Donor Name: _____ SS# _____ - _____ - _____

Type of Testing:

Urine Drug Collection

Alcohol Test

*DOT

Non-DOT

DOT

Non-DOT

**If DOT drug collection, please select mode(s) employee is testing under:*

PHMSA

FMCSA

USCG

FAA

FRA

Reason for Testing:

Pre-Employment

Random

Post Accident

Other _____

Reasonable Suspicion

Return to Duty *

Follow-up *

Observe Collection

**All DOT return to duty and follow-up collections must be done under direct observation.*

- Optional -

Collection Site Name: _____

Address: _____

City _____ ST _____ Zip _____

Phone _____ Fax _____

A copy of this form must accompany employee to test site and/or be sent directly to test site prior to test. A Pipeline Testing drug/alcohol testing kit must be used.

THE BILLING RECIPIENT FOR TESTING IS:

Pipeline Testing Consortium, Inc.

Attn: Accounts Payable Department

9 Compound Drive

Hutchinson, KS 67502

PH: (620) 669-8800 FAX 620-669-0906