COMPANY NAME : _____ JOBSITE : _____

COLLECTION SITE: _____ **Technician:** _____ **Facility #** _____ **Location #** _____

DATE : _____

PLEASE PRINT CLEARLY

Urine Drug Screen

NAME (Please Print)	Craft	Specimen ID #	LOCAL	SSN

PLEASE FAX TO MARLO BLACK AT 913-281-0895 - THANK YOU !!