

Drug Screen Authorization Form:

SALT LAKE COMMUNITY COLLEGE
DIAGNOSTIC MEDICAL SONOGRAPHY
(Current Student)

For Clients of:
WorkforceQA

1430 South Main Street
Salt Lake City, UT 84115
Telephone: (801) 486-5400

Employer: SALT LAKE COMMUNITY COLLEGE
4600 S. REDWOOD RD.
SALT LAKE CITY, UTAH 84123
801-957-4533

Contact/DER: MIKEL BIRCH/LYNN MILLER
(801) 957-4533

Supervisor
Authorizing Test: _____
(Name)

Date Authorized: _____
(Test must be administered within 24 hours)

***Supervisor please complete to dashed line below**

Student: _____
(Name)

<input type="checkbox"/> Donor required to pay \$33 for test
<input type="checkbox"/> Donor <u>not</u> required to pay for test

Test To Be Performed:

NON-DOT Urine Test

NON-DOT Breath Alcohol

Reason for Test:





Course Enrollment

Post-Accident

Reasonable Suspicion

Other (Please Specify): _____

STUDENT INSTRUCTIONS

-  Proceed immediately to collection site listed below.
-  Bring Picture ID to Collection Site.
-  Arrive at Collection Site at least 1/2 hour before closing time.
-  **Pay \$33.00 for test with exact cash or credit card, if required above**

Collection Sites

WFQA-Downtown
535 South 300 West
Salt Lake City, Utah 84101
801-328-4027
8am – 5pm

WFQA-WVC
3489 W. 2100 S.
WVC, Utah 84119
801-965-0665
8am – 5:30pm

WFQA-Sandy
8657 S. Sandy Parkway
Sandy, UT 84070
801-316-4125
8am – 5 pm

SPECIAL INSTRUCTIONS FOR COLLECTOR

Quest Diagnostics Split Specimen Collection
Account: 10081450
Panel: 27229N

Thank you.