## **Drug Screen Authorization Form:**

## For Clients of: WorkforceQA

## SALT LAKE COMMUNITY COLLEGE

Donor NOT required to pay for test.

**GENERAL EMPLOYEE** 

6

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

		. 5.5	p. 100 0 100
Employer:	SALT LAKE COMMUNITY 4600 S. REDWOOD RD. SALT LAKE CITY, UTAH 8 801-957-4533	4123	
Contact/DER:	MIKEL BIRCH/LYNN MILLER (801) 957-4533 (Supervisor please complete to d	_	(Name)
Employee/Appl	licant:	(Name)	
Test To Be F	Performed:		
■ NON-DOT Urine Test		■ NON-DOT Breath Alcohol	
Reason for	Test:		
	re-employment / Post hire ollow-up ther:	☐ Random ☐ Return to Duty	☐ Post Accident☐ Reasonable Suspicion
EMPLOYEE/APPLICANT INSTRUCTIONS			
₽	oceed immediately to collection site listed below.		
	ing Picture ID to Collection Site.		
A₁	Arrive at Collection Site at least ½ hour before closing time.		

## **Collection Sites**

 WFQA-Downtown
 WFQA-WVC
 WFQA-Sandy

 535 South 300 West
 3489 W. 2100 S.
 8657 S. Sandy Parkway

 Salt Lake City, Utah 84101
 WVC, Utah 84119
 Sandy, UT 84070

 801-328-4027
 801-965-0665
 801-316-4125

 8am - 5pm
 8am - 5 pm
 8am - 5 pm

**SPECIAL INSTRUCTIONS FOR COLLECTOR** 

Quest Diagnostics Split Specimen Collection Account: 80321125 Panel: 20756N

Thank you.