



Express Labs

Drug & Alcohol Testing Custody & Control Form

Cary • 519 Keisler Drive, Suite 202 • (Phone) 919-239-4977 • (Fax) 919-239-4976

Raleigh • 5650 Six Forks Road, Suite 202 • (Phone) 919-803-3710 • (Fax) 919-803-6561

Section 1 - Company (Employer)

Company (Employer): _____

Test Authorized By (DER): _____

Phone: _____ Fax: _____

Address: _____

Section 2 – Employee (Donor) Information

Employee (Donor): _____

ID or Social Security #: _____ Date of Birth: _____

Daytime Phone: _____ Evening Phone: _____

Section 3 – Reason for Test

- | | | | |
|---|---|---|---|
| <input type="checkbox"/> Pre-Employment | <input type="checkbox"/> Reasonable Suspicion/Cause | <input type="checkbox"/> Promotion | <input type="checkbox"/> Follow Up |
| <input type="checkbox"/> Random | <input type="checkbox"/> Post-Accident | <input type="checkbox"/> Return to Duty | <input type="checkbox"/> Other (Specify): |

(Specify): _____

Section 4 - Test Ordered

Instant Drug Testing (Same-Day Results)

5 Panel Instant Urine Testing

10 Panel Instant Urine Testing

Alcohol Testing (QED, DOT Approved)

Laboratory Testing (Next-Day Results)

5 Panel Laboratory Urine Testing

10 Panel Laboratory Urine Testing

Hair Follicle Laboratory Testing (5 Panel)

Employee must have photo ID or an authorized employer representative present for any test to be performed