Allied Compliance Services, Inc.®

Collection Site Request Form

Pho. 817-589-9998 Hurst Office Fax 817-589-0809
Pho. 806-748-1120 Lubbock Office Fax 806-748-7096

Instructions: Please complete and fax to Allied Compliance Services, Inc. at the time the donor is notified to take a test

Send this form with the donor to the collection site to ensure the correct test is performed

To: _____

City: _____ State:_____

Date: _____

Company Name: _____

Authorized by:_____ _____
Print Name Signature

Donor SS#: _____

Donor name: _____

Request for a U/A collection:

- **Check: ___U/A Drug test ___Alcohol test / ___ DOT ___Non-Reg**

- **Check type of test requested:**

___Pre-employment___Random___Reasonable Suspicion

___Post Accident___Return to Duty___Follow up___DOT Physical

Please Fax this form to Allied Compliance Services, Inc.®

This information will help us report your test results more efficiently

Thank you
Phone 800-411-6906

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