



6102 Shallowford Rd, Suite 102  
 Chatanooga, TN 37421  
 p. 423.468.3734 - f. 423.285.6437  
 www.arcpointus.com/chattanooga

## Collection Authorization

**EMPLOYEE INSTRUCTIONS:** You **MUST** bring this form with you on the date scheduled below and present it to ARCPpoint personnel in order to be tested. You **MUST** also have a **PICTURE ID** with you for identification purposes. Failure to have these items will prevent the collection and screen. If you have questions, please call 423.468.3734

Company Name: Hamilton County Department of Education

Patient Name: \_\_\_\_\_

Social Security Number / ID: \_\_\_\_\_

Reason for Testing  Random  Pre-Employment  Post-Accident  Other

Billing Information  Bill Company Account  Pay at time of collection

Type of Test Requested (Check all that apply.)

- 10 Panel Urine Lab Breath
- Alcohol (non-DOT)
- Federal DOT Drug Screen
- Breath Alcohol (DOT)
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Hours: 7:30am-4pm M-TH 7:30-11 am Fri

Special Instructions: \_\_\_\_\_

AUTHORIZED BY: \_\_\_\_\_ DATE: \_\_\_\_\_

Print Form