FASTEST LABS
CLEAN FAST TESTING

FOR INTERNAL USE ONLY

Specimen ID _____

DL _____

965 N. Walnut Ave #500A
New Braunfels Texas 78130
Phone: (830) 626-6700 Fax: (830) 626-6701

HOURS: Monday-Friday 8-5, closed 12-1

drugtestnb@fastestlabs.com

*****Proceed to Nearest Fastest Labs Location*****

Please check reason for testing:

o Pre-employment O Random O Post-Incident/Accident O For Cause

O Return to Duty O Follow-Up Testing O Other _____

Company: Engine Logistics

DER: Karla

Please check the tests to be administered:

☐ **5 Panel Rapid (-THC)– confirmations on all**

☐ _____

I hereby consent to provide a specimen of my urine, saliva, nail, breath, DNA or other specimen to be tested for drugs, controlled substances and/or alcohol and will comply with the company procedures for providing the specimen. I understand that complying with this request is a condition for employment or continued employment.

I hereby release the company, its employees, agents, contractors and the Fas-Test franchisor/franchisee from any liability whatsoever arising from this request; my agreement to furnish a urine, saliva, nail, breath or other specimen; undergo a physical examination; undergo a direct observed test; the testing and reporting of my urine, saliva, nail, breath or other specimen test results; and the decisions based on the results of such testing and medical examinations, which concern my employment application or continued employment. I also authorize FasTest Labs to conduct a background check on me per the employer request.

Authorized by: Karla Diaz

Date: _____

Employee Name: _____

Phone # _____

Employee Signature: _____

This Authorization Form will Expire at 5:00 p.m. on

_____

Date

REMEMBER TO BRING PHOTO ID WITH YOU