



American Substance Abuse Professional Drug Solutions, Inc.
 455 E. Carson Plaza Drive, Carson, CA 90746
 Tel: (562) 624-2720 Fax: (562) 624-2724
 http://www.asapdrugsolutions.com



**County of Los Angeles
 Drug/Alcohol Testing Work Order**

Employer County of Los Angeles

Department: _____ Number: _____

Work Location: _____

Authorized by: _____

Name	Signature	Date	Telephone
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Employee notified at: _____

_____ Date/time

Employee must report to the collection site within 60 minutes of notification plus travel time.

Employee

Name _____

Job Title _____

Contact information _____

Telephone: work _____ cell _____

**Collection Site
 Name/location:** _____

Reason for Test

- DOT FMCSA
- County Policy (Non-DOT)

Type of Test

- Pre-Employment
- Random
- Follow-up
- Post-accident
- Return to Duty
- Reasonable Suspicion/Cause
- Other

Test Requested

- DOT Alcohol
- DOT Drug
- Non DOT Breath Alcohol
- Non Dot Drug 9 drug panel 924801 Split Sample
- Other: 16 drug panel 965111 Split Sample
- Other:

Do not conduct drug or alcohol testing without an authorized work order. Collection must be completed on the same date services were authorized. Submit invoice for services to:

American Substance Abuse Professional Drug Solutions, Inc.,
 455 East Carson Plaza Drive,
 Carson, CA 90746,
 (562)624-2720

Check valid photo identification for employee.

Employee Time in: _____ Time out: _____