

## COUNTY OF LOS ANGELES - DRUG/ALCOHOL TESTING WORK ORDER

### DEPARTMENT INFORMATION

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

<b>Authorized by - Full Name</b> <i>(last, first, middle)</i>			
<b>Signature</b>		<b>Date</b>	
<b>Work Telephone No.</b>		<b>Work Email</b>	
<b>Date/Time Employee Notified</b>			
<b>Department Name</b>			
<b>Account No.</b> <i>(ASAP use only)</i>			

### EMPLOYEE INFORMATION

<b>Full Name</b> <i>(last, first, middle)</i>		<b>Employee No.</b>	
<b>Commercial Driver's License No.</b> <i>(If Applicable)</i>		<b>Date of Birth</b>	
<b>Job Title</b>		<b>Item No.</b>	
<b>Personal Telephone No.</b>		<b>Personal Email</b>	

### COLLECTION SITE

*Do not conduct drug or alcohol testing without an authorized work order. Collection must be completed on the same date services were authorized. EMPLOYEES MUST PRESENT VALID PHOTO IDENTIFICATION.*

<b>Collection Site Name</b>			
<b>Collection Site Address</b>			
<b>City</b>		<b>State</b>	
<b>Collection Site Telephone Number</b>		<b>Zip Code</b>	

Reason for Test	Type of Test		
<b>DOT FMCSA</b>	DOT Random Drug	DOT Random Alcohol	DOT Random Drug & Alcohol
	DOT Pre-Employment	DOT Return to Duty	Other
	DOT Post-Accident	DOT Follow-Up	
<b>Non-DOT</b>	Non-DOT Reasonable Suspicion	Non-DOT Random	Other
<b>FormFox Code</b> <i>(ASAP use only)</i>			

Employee time in:

Employee time out:

**Submit invoice for services to ASAPcheck**

Fax or email all MRO copies and collection paperwork to 562-624-2737 or [asapforms@asapdrugsolutions.com](mailto:asapforms@asapdrugsolutions.com).