2827 74th Street 951 West Pipeline Road #320

Lubbock, Texas 79423  Hurst, Texas 76053

P: 806-748-1120 F: 806-748-7096 P: 817-589-9998 F: 817-589-0809

**800-411-6906**

**Test Authorization Form**

**Send this completed form at the time the Donor is notified to take the test(s) to**

**FAX: 806-748-7096 or EMAIL:** **mail@alliedcompliance.com****.**

**Send a copy of this form with the Donor to the collection site to ensure accurate testing.**

**This information documents your request and helps us report test results more efficiently.**

Date of Test(s):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Notification Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ and Time:\_\_\_\_\_\_\_\_ AM PM

Name of Collection Site:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Collection Site Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State:\_\_\_\_\_\_\_ Zip:\_\_\_\_\_\_\_\_\_

Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Collection Days and Hours:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Fax or Email:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Company Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Authorized by:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (Printed Name of DER) (Signature of DER or ACS Representative) (Phone Number)

Donor’s ID#:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Donor’s Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

oUse ACS CCF on file at your site oDonor will have CCF oAlter CCF to match attached example oFormFox authorization oeChain authorization

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| --- |
| **Request for *FEDERAL* Collection:** ***CHECK* FEDERAL *CHECK* Test(s) *CHECK* Reason *CHECK* for FMCSA**  **DOT Mode: to perform: to test: Clearinghouse:** oFAA oDOT U/A Drug Test oPre-employment **Is ACS your full-service**  oFMCSA oDOT Alcohol Test oRandom **Clearinghouse provider?** oFRA oDOT Physical Authorization - oReasonable Cause oYes oNo oFTA (Lubbock only) oPost Accident **Is ACS assigned as your TPA?** oPHMSA oReturn to Duty - oYes oNo oUSCG **MUST BE OBSERVED Are you an Owner-Operator** oFollow-up – **without other drivers?** **MUST BE OBSERVED** oYes oNo |

|  |
| --- |
| **Request for *NON-FEDERAL* Collection:** ***CHECK* *CHECK* Test(s) *CHECK* Reason** **Classification: to perform: to test:** oNon-Federal oU/A 5-panel Lab Test oPre-employment oTDLR-Towing oU/A 5-panel Instant Screening Test oRandom oTDLR-VSF oU/A 10-panel Lab Test oReasonable Cause oTDLR-Towing and VSF oU/A 10-panel Instant Screening Test oPost Accident oPersonal oAlcohol oReturn to Duty oSub-Contractor\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ oHair oFollow-upoOral Fluids oAnnualoNails oPre-placement oOther\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ oOther\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

Notes:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**ALLIED COMPLIANCE SERVICES, Inc.®**

Please **FAX: 806-748-7096 or EMAIL:** **mail@alliedcompliance.com** this completed form.

**ADMINISTRATION and BILLING:** ACS; 2827 74th Street; Lubbock, Texas 79423 **QUESTIONS?** Call us TOLL FREE 1-800-411-6906

05/01/2020