NON-DOT TEST REQUEST FORM
(Please fill out completely and send a copy with any person being sent in for a drug or alcohol test.)

Company name: Oregon Department of Corrections (ODC)—Account 5355

Designated Employer Representative: Carla Perkins, (503) 934-1040

Supervisor Sending Employee in for Testing (if different from DER): ________________________________

Donor name (employee or prospective employee) ________________________________

Report with this letter and photo identification (government or employer-issued photo ID) to:

Phamatech/Bio-Med approved collection site*:

Reason for Test (✓ one)

✓ Reasonable Suspicion/Cause

✓ Check here if non-DOT Breath Alcohol Test also ordered

Test Type:

non-DOT PANEL-5 with Extended Opiates Not for commercial drivers – non-DOT testing only

Instructions to Collection Site:


** Employer to donor ** You are to report as soon as possible to provide a urine sample for drug testing (and/or a breath alcohol test); you must provide the sample within _______ hours of receiving this letter or the test will not be completed.

Date and time donor received letter ________________________________