

## **Metropolitan Government Drug Free Workplace Program**

## \*\*\*DOT \*\*\* Test Order Form

| Employee/Applicant:   |  |       |   | Date: |   |        |      |  |
|---|--|-------|---|-------|---|--------|------|--|
| Department:   |  |       |   |       |   |        |      |  |
| Employee ID # (or Social Security # for<br>Pre-Employment Only)   |  |       |   | Time: |   |        |      |  |
| This test is ordered for the reason checked below: pre-appointment / Pre-employment random  |  |       |   |       |   |        |      |  |
| reasonable suspicion  |  | post- | incident  | retu  | rn to duty  | follow | /-up |  |
| You will be tested for: alcohol only drugs only both drugs and alcohol  |  |       |   |       |   |        |      |  |
| Additional (Specify):   |  |       |   |       |   |        |      |  |
| Under the provisions of the Metropolitan Government's Substance Abuse policy, I order you to report to the collection site listed below to provide a sample of your urine and/or breath for a test for the presence of drugs and alcohol. Test results will be treated in a confidential manner and you will be provided with results. Refusal to submit for testing will be considered rejection of an appointment and/or a refusal to obey a lawful order, which will subject you to disciplinary action. |  |       |   |       |   |        |      |  |
| You are to report immediately to the following collection site and present this order, along with personal photo identification:  |  |       |   |       |   |        |      |  |
| Metro IOD Clinic 337 21st Avenue North, Nashville, TN. 37203 (615) 880-2400  Doctors Speakers Network 3638 Dickerson Road, Suite 2 Nashville, TN 37207 (615) 860-4401   |  |       |   |       | Fortier 2267 Jackson Downs Blvd Nashville, TN 37214 (615) 883-6962 615-885-1754 (FAX) |        |      |  |
| Relialab Testing 3656 Trousdale Drive, Suite 109, Nashville, TN 37204 (615) 332-8838  |  |       | Workforce Essentials 118 Seaboard Lane Franklin, TN. 37064 (615) 370-6004 |       |   |        |      |  |
| Designated authority signature:   |  |       |   |       |   |        |      |  |
| Designated authority (please print):  |  |       |   |       |   |        |      |  |
| Employee Signature:   |  |       |   |       |   |        |      |  |