

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

## \*\*\* PHS (NON-DOT) \*\*\* Test Order Form

Employee/Applicant:				Date:			
Department:							
Employee ID # (or Social Security # for Pre-Employment Only)				Time:			
This test is ordered for the reason checked	pre-a	pre-appointment / Pre-employment random					
reasonable suspicion		post-i	ncident	retu	ırn to duty	follow-up	
You will be tested for: alcohol only drugs only				both	drugs and a	Icohol	
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 21 <sup>st</sup> Avenue North, Nashville, TN. 37203 (615) 880-2400	Doctors Spe 3638 Dicker Nashville, T (615) 860-4	rson Road, N 37207			Fortier 2267 Jackson Nashville, TN (615) 883-69 615-885-175	62	
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:							