## DRUG/ALCOHOL TEST AUTHORIZATION



California Department of Human Resources State of California

**EMPLOYEES:** Most tests are ordered electronically, and you bring the Order Confirmation Form to the collection site. In some cases, the electronic ordering is not available, and you will bring this form and a Quest Custody and Control form with you to the collection site.

**ORDERING OFFICIAL** : Order all tests in the **i3screen.net** system. For electronically enabled collection sites, you will print or e-mail an Order Confirmation Form. For non-electronically enabled collection sites, the employee must bring a Quest Custody and Control form to the collection site. When no form or no collection site is available, call i3screen for assistance at Phone Number (877) 585-7366, Option 4.

**COLLECTION SITES:** For assistance call, i3screen at Phone Number (877) 585-7366, Option 4, call before allowing a donor to leave with an incomplete test. All MRO and all BAT copies to our i3screen at fax: 855-253-5666. Call the employer immediately if an alcohol positive. Third party billing for urine collection and BAT to i3screen, 9501 Northfield Blvd, Denver, CO 80504 (phone - 877-585-7366).

## **BOX ONE: TEST INFORMATION**

Reason for Test:

<ul> <li>□ Pre-Employment</li> <li>□ Follow Up</li> <li>□ Random</li> <li>□ Post-Accid</li> </ul>		le Suspicion
Regulation Type:	OT <u>AND</u>	CSA OR 🗌 USCG
Test(s) to be performed:		
Breath Alcohol Test		
$\Box$ Urine Collection (Instruction: Split S	pecimen. Use Quest	Diagnostics Collection Kits.)
BOX TWO: EMPLOYEE INFORMATION		
Employee Name (Last, First, MI)	Employee ID Nu	CBID (CDCR USE) □ R06
Agency		S06
		□ M06
BOX THREE: COLLECTION SITE INFORM	ATION	
Name of Collection Site	_	
Address		
Name of Contact Person	Telephone	Number
BOX FOUR: ORDERING OFFICIAL INFOR	MATION	DISTRIBUTION
Department Ordering Official		ORIGINAL - Agency
		COPY 1 - Employee (take to collection site)
Department Ordering Official Signature	Date	COPY 2 - Not necessary
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## PRIVACY NOTICE

This notice is provided pursuant to the Information Practices Act of 1977.

The information collected will be used by the state and the plan administrator for the purposes of identification and document processing.

Individuals should not provide personal information that is not requested or required.

The submission of all information requested is mandatory unless otherwise noted. If you fail to provide the information requested test result information may be reported incorrectly.