



LABCORP/MEDTOX COLLECTION AUTHORIZATION FORM

Donor Name: _____

Employer Instructions: Please check appropriate box for purpose of testing and give form to employee/applicant.

Employee Instructions: Bring this form and Valid photo ID to the collection site with you.

-You may request a drug screen at any location listed below.

-For Labcorp locations, go to www.Labcorp.com to schedule an appointment or verify walk-in availability.

-For non-Labcorp sites, call to verify appointment or verify walk-in availability.

Account Information

Medtox Account #: 54716005

Account Name: Conway Construction

Account Contact: Vanessa Torjusen

Account Phone Number: 360-887-3022

Test(s) To Be Performed:

[X] 90381 (5U005+FENT)

Reason For Test: (select one)

- Conditional Reinstatement
Fitness for Duty
Follow-up
Not Indicated

- Other
Periodic Medical
Post Accident
Pre Employment

- Random
Reasonable Suspicion/Cause
Other:

Ship sample to Medtox Laboratories 402 West County Rd D St. Paul, MN 55112

Collection Site Location (optional)

Concentra - 7119 E Broadway Tucson, AZ 85710 520-881-0050 Walk-in
Hours: M-F 8:00am-5:00pm

Labcorp - 1011 N Craycroft Rd. Ste. 201 Tucson, AZ 85711 Phone: 520-322-8945 Walk-in
Hours: M - F 9:00am - 2:00pm

Collector Questions: Contact Medtox at 1-888-557-2590