

AUTHORIZATION FOR DRUG TEST/MEDICAL SERVICES

*****DONOR MUST BRING PHOTO IDENTIFICATION*****

DATE: ____/____/____ TIME: ____:____^{am}/_{pm}

COMPANY NAME: **ACCTKNOWLEDGE** SUBACCOUNT: _____

EMPLOYEE NAME: _____

SERVICES AUTHORIZED: 5-Panel Physical
10-Panel DOT Physical
DOT Drug Test Fit/Respiratory
Alcohol Screen Audiometric
Other Hair Test

Pre-Employment Random Reasonable Suspicion Post-Accident Other

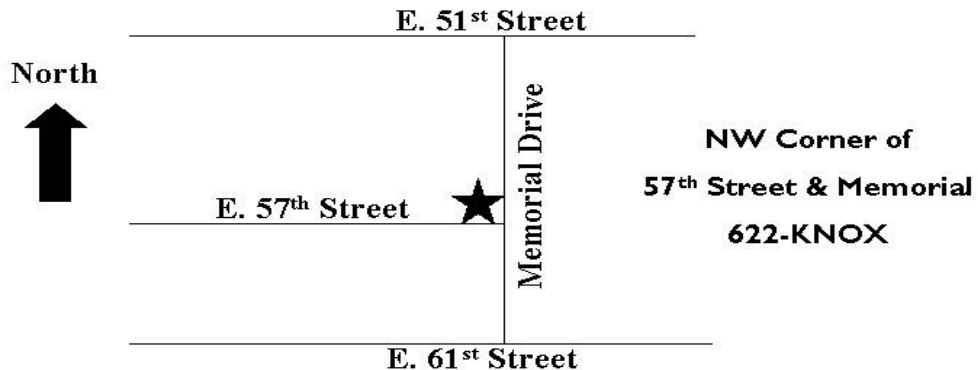
AUTHORIZED BY: Print: _____

Sign: _____

Phone: _____ Fax: _____

KNOX Laboratory

Open 8:00 am to 5:00 pm Monday thru Friday



www.KnoxLab.com

KNOX LABORATORY

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