

 Tri Group of KC Drug Testing

 *“Transitioning Lives One Day at a Time”*

 **Referral for Drug Testing Services**

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| **Agency:** |
| Case Manager | County | Account Number |  |
| Received Results by (select one) * Email
* Fax
 | Email Address | Fax Number | Phone Number |
| **CLIENT BEING REFERRED:** |
| Name:  | * Male
 | * Female
 | Date of Birth | DCN | Phone Number |
| Address: |
| **SERVICE PROVIDER INSTURCTIONS:** |
| **Collection Location:** | * Clinic
* Mobile Collection Unit
* Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
 |
| **Service Requested:**(Please check and circle)* One Time
* Weekly
* Biweekly
* Monthly
* Bimonthly
* Quarterly
 | * 5-Panel Drug Screen Urine Hair
* 9-Panel Drug Screen Urine Hair
* 10-Panel Drug Screen Urine Hair
* 11-Panel Drug Screen Urine Hair
* Alcohol Urine
* Medical Review Officer Test
* Positive Confirmation
* ETG Breathalyzer
* Oral Fluid Test
 |
| SIGNATURES: |
| Case Manager Signature | Date |
| **\*\*\*CLINIC USE ONLY\*\*\*** |
| **Acceptable Forms of ID for Testing:*** Driver’s License issued by State, with a photograph; or
* Photo identification card issued by federal, state, or local government

\_\_\_\_Test was completed on \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_\_\_\_\_Donor did not arrive for testing by assigned date.\_\_\_\_Donor refused testing on \_\_\_\_\_/\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_Donor did not have photo ID and test could not be performed on \_\_\_\_/\_\_\_\_\_/\_\_\_\_\_\_\_\_\_Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Signature of Collector\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Please complete and email or fax to: drugtesting@trigroupofkc.org or (866)264-9446 |