

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](mailto:drugtesting@trigroupofkc.org) or (866)264-9446 | | | | | | | | | | |