Metropolitan Government of Nashville and Davidson County

Metropolitan Government Substance Abuse Program

***PHS (NON-DOT) ***
Test Order Form

Employee/Applicant:		**Date:**	
Department:			
Employee ID #: **or** **Social Security #:** **(Pre-Employment Only)**		**Time:**	

This test is ordered for the reason checked below:

____ other ____ pre-appointment (new-hire / promotion) ____ random ____ post-incident

____ reasonable suspicion ____ follow-up ____ return to duty

You will be tested for: ____ alcohol only ____ drugs only ____ both drugs and alcohol

Additional (Specify): _____

Under the provisions of the Metropolitan Government's Substance Abuse policy, I order you to report to the collection site listed below to provide a sample of your urine and/or breath for a test for the presence of drugs and alcohol. Test results will be treated in a confidential manner and you will be provided with results. Refusal to submit for testing will be considered rejection of an appointment and/or a refusal to obey a lawful order, which will subject you to disciplinary action.

You are to report immediately to the following collection site and present this order, along with personal photo identification:

___ E&A Solutions; 1645 Murfreesboro Pike., Suite H Nashville, TN 37217, (615) 742-0900

___ Metro IOD Clinic; 337 21st Avenue North, Nashville, TN. 37203 (615) 880-2400

___ On-site: Scheduled (615) 742-0900
Emergency Cell (615) 856-9158

Designated authority signature:	
Designated authority (please print):	
Employee Signature:	