# Metropolitan Government Drug Free Workplace Program

## *** PHS (NON-DOT) ***

### Test Order Form

<table>
<thead>
<tr>
<th>Employee/Applicant:</th>
<th>Date:</th>
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<table>
<thead>
<tr>
<th>Department:</th>
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<table>
<thead>
<tr>
<th>Employee ID # (or Social Security # for Pre-Employment Only)</th>
<th>Time:</th>
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<tbody>
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This test is ordered for the reason checked below:
- ___ pre-appointment / Pre-employment
- ___ random
- ___ reasonable suspicion
- ___ post-incident
- ___ return to duty
- ___ follow-up

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:

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

- Doctors Speakers Network
  3638 Dickerson Road, Suite 203
  Nashville, TN. 37207
  (615) 860-4401

- Fortier
  2267 Jackson Downs Blvd
  Nashville, TN. 37214
  (615) 883-6962
  615-885-1754 (FAX)

- Relialab Testing
  3656 Trousdale Drive, Suite 109,
  Nashville, TN. 37204
  (615) 332-8838

- Workforce Essentials
  118 Seaboard Lane
  Franklin, TN. 37064
  (615) 370-6004

Designated authority signature:

Designated authority (please print):

Employee Signature: