



**OFFICE OF THE SHERIFF**  
**Michael J. Bouchard**  
**Forensic Science Laboratory**

**R E S U L T S**

Drug & Alcohol Testing

**General Public**

**One Time Only Testing Referral**

**Instructions**

- Please print clearly
- Fax or E-mail completed referral to RESULTS - **Waterford** 248.451.2329/ [resultsw@oakgov.com](mailto:resultsw@oakgov.com) or **Troy** 248.655.1278/ [resultst@oakgov.com](mailto:resultst@oakgov.com)
- Inform client that they must present valid photo identification, \$15 for drug and/or \$4 for PBT tests when they report for testing.
- At the time of the test the client and/or legal guardian will be required to sign the bottom of this form.

**Testing Client Information**

Referral Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Client Name: \_\_\_\_\_ Race: \_\_\_\_\_ Gender: \_\_\_\_\_  
*Last, First, Middle*

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ SSN: \_\_\_\_\_ *(last four digits)* Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Address: \_\_\_\_\_  
*Street City State Zip Code*

Email: \_\_\_\_\_

**Requesting Party Information**

Name: \_\_\_\_\_ Company (if applicable): \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ FAX: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_  
*Address City State Zip*

Client is to test on \_\_\_\_/\_\_\_\_/\_\_\_\_ at the (Select One)  Waterford Site  Troy Site.

Type of Test Requested:  PBT (Alcohol Breathalyzer)  Urine Alcohol Screen

2-Panel Drug Screen  5-Panel Drug Screen  
*(THC/Cocaine) (THC/Cocaine/Opiates/Benzodiazepines/Amphetamines)*

(This section to be completed at the time of test.)

I \_\_\_\_\_, authorize the RESULTS Program to release all test results  
*Client / Parent or Legal Guardian's Signature*  
results submitted to the above requesting party.

\_\_\_\_\_  
*Results Witness Signature Date*