



RESULTS Drug & Alcohol Testing Referral

Agent Copy

Instructions for Referring Agent

- Please complete all highlighted areas.
- Fax or E-mail completed "Agent Copy" to RESULTS - **Waterford** 248.451.2329/results@oakgov.com or **Troy** 248.655.1278/resultst@oakgov.com
- Give "Donor Copy" to donor to sign and present at selected RESULTS site for testing.
- Inform donor that they must present valid photo identification, \$15 for drug and \$4 for PBT tests when they report for testing.

Referral Date: _____ **Site:** **Waterford** **Troy**

(Select One): **Enrollment** **Immediate** **One Time Only Test**

Client Name: _____ Race: _____ Gender: _____
Last Name First Name Middle Name

Date of Birth: ____/____/____ SSN: _____ Phone(____)____-____ Cell(____)____-____
(Last four digits)

Client Address: _____
Address City State Zip

Docket: ____-____ Judge: _____ Court: _____ Charge: _____

Supervising Agent/Person: _____ Phone: (____)____-____ FAX:(____)____-____

Case Manager: _____ Phone: (____)____-____ FAX:(____)____-____

Client is to begin testing on: ____/____/____ and stop testing *(if applicable)* on: ____/____/____

Test For: **2-Panel Drug Screen** (THC/Cocaine) **5-Panel Drug Screen** (THC/Cocaine/Opiates/Benzodiazepines/Amphetamines)
Urine Alcohol Screen **PBT**

FOR RANDOM TESTING:

Frequency of PBTs: ____ per: week month daily random/holidays

Frequency of Drug Tests: ____ per: week month daily random/holidays



RESULTS Drug & Alcohol Testing Referral

Donor Copy

Instructions for Donor

- Please bring signed form to the selected testing site for registration
- You must present valid photo identification, \$15 (cash) for drug testing and/or \$4 (cash) for PBT testing when reporting for testing.

Referral Date: _____ **Site:** **Waterford** **Troy**

(Select One): **Enrollment** **Immediate** **One Time Only Test**

Client Name: _____ Race: _____ Gender: _____
Last Name First Name Middle Name

Date of Birth: ____/____/____ SSN: _____ Phone(____)____-____ Cell(____)____-____
(Last 4 digits)

Client Address: _____
Address City State Zip

Docket: ____-____ Judge: _____ Court: _____ Charge: _____

Supervising Agent/Person: _____ Phone: (____)____-____ FAX:(____)____-____

Case Manager: _____ Phone: (____)____-____ FAX:(____)____-____

I understand that I am to report to RESULTS on: ____/____/____ to: **Waterford** **Troy**
with \$15 in CASH to cover the drug test and \$4 for PBT testing.

I _____, authorize the RESULTS Program to release all test results submitted to the above
Client's Signature
 requesting agency/person.

Witness Signature Date