



DISA Global Solutions - IND



**IBEW #481/Quality Connection Drug Test
Authorization Form**

SERVICE NEEDED: 9 PANEL (66634N) NON-DOT COLLECTION

DONOR NAME:
LAST 4 SSN:
CITY, STATE, ZIP:
CURRENT CONTRACTOR:
DATE OF COLLECTION:

REASON FOR TEST: (Please check one)

<input type="checkbox"/> Pre-Employment	<input type="checkbox"/> Random	<input type="checkbox"/> Reasonable Suspicion / Cause	<input type="checkbox"/> Other / Annual
<input type="checkbox"/> Post Accident	<input type="checkbox"/> Return to Duty	<input type="checkbox"/> Follow-Up	

Please check only one box:

<input type="checkbox"/> Journeyman/Wireman/Technician	<input type="checkbox"/> Apprentice	<input type="checkbox"/> Traveler: Home local _____
<input type="checkbox"/> Trainee	<input type="checkbox"/> Construction Electrician	<input type="checkbox"/> N/A PRE-EMPLOYMENT

Keep your copy of the Chain of Custody form given at the collection site.

INFORMATION for the COLLECTION SITE:

DISA Global Solutions is the THIRD-PARTY ADMINISTRATOR for IBEW 481. Arrangements were made with your collection site to perform these services.

PLEASE CHECK TO MAKE SURE THE FOLLOWING IS COMPLETED:

URINE COLLECTION:

- (1) Urine collection is a split collection.
- (2) Panel number is 66634N
- (3) Add contractor name from above to the chain of custody in Step 1.
- (4) Arrange for FedEx pickup same day of collection.
- (5) **Fax and email the MRO copy and authorization form to DISA Global Solutions at 317-262-2222 (FAX) IndianaUnionForms@disa.com (EMAIL)**

INVOICE DISA Global Solutions FOR ALL SERVICES PERFORMED:

DISA Global Solutions
11740 Katy Freeway, Suite 900
Houston, TX 77079

QUESTIONS OR PROBLEMS: Monday – Friday, 7:30 a.m. to 5:00 p.m., call DISA Team 3 at 317-269-3003. **After Hours, please call DISA at (281) 673-2400.**

THIS FORM MUST BE PRESENTED AT THE COLLECTION SITE