

IBEW/Quality Connection Drug Test Authorization Form* International Brotherhood of Electrical Workers Local 481

Contractor Name:	ontractor must be fil	** led in before testing occurs!
Name of C	ontractor must be m	ied in before testing occurs:
Donor Name:		
Card #:		
Date of collection: Reason for testing:	//	
Mailing Address:		
City	State	
Phone Number:		<u> </u>
Please check only or		
☐ Journeyman/Wirem		
☐ Trainee ☐ Construc	ction Electrician □ Tra	veler – Home Local #
INFORMATION for th	- COLLECTION OIT	_

DISA (formerly Midwest Toxicology) Services, LLC is the THIRD PARTY ADMINISTRATOR of testing for IBEW. Prior arrangements were made with your collection site to perform services for our client.

PLEASE CHECK TO MAKE SURE THE FOLLOWING IS COMPLETED: URINE COLLECTION:

- (1) Urine collection is a split collection.
- (2) Add contractor name from above to the chain of custody in Step 1.
- (3) Arrange for FedEx pickup same day of collection.
- (4) Please fax the MRO copy <u>and authorization form</u> to DISA (formerly Midwest Toxicology) Services at 317-262-2222, then mail to 603 East Washington Street, Suite 200, Indianapolis, IN 46204.

INVOICE DISA (FORMERLY MIDWEST TOXICOLOGY) FOR ALL SERVICES PERFORMED:

DISA (formerly Midwest Toxicology) Services, LLC 603 East Washington Street, Suite 200 Indianapolis, IN 46204

QUESTIONS OR PROBLEMS: Monday – Friday, 7:30 a.m. to 5:00 p.m., call DISA (formerly Midwest Toxicology) at 317-269-3003, Joel or Team 3. <u>After Hours</u>, please call Tiffany Ellefson 317-847-2309.