



IBEW/Quality Connection Drug Test
Authorization Form*

International Brotherhood of Electrical Workers Local 481 (Facility # 146443)

Contractor Name: _____ **

Name of contractor must be filled in before testing occurs!

Donor Name: _____

Card #: _____

Date of collection: ____/____/____

Reason for testing: **RANDOM** _____

Mailing Address: _____

City _____ State _____ Zip _____

Phone Number: _____

Please check only one box:

Journeyman/Wireman/Technician Apprentice

Trainee Construction Electrician Traveler – Home Local # ____

INFORMATION for the COLLECTION SITE:

DISA 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 and authorization form to DISA at 317-262-2222, then mail to 603 East Washington Street, Suite 200, Indianapolis, IN 46204.**

**INVOICE DISA FOR ALL
SERVICES PERFORMED:**

DISA
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 at 317-269-3003, Joel. After Hours, please call Amanda Norris 317-941-1222.

THIS FORM MUST BE PRESENTED AT THE COLLECTION SITE