

## **AUTHORIZATION FORM**

**Person requesting the test is to send a copy of this request to:**

**Marvel Laboratories fax: (662) 374-5059 or email: [results@marvellabsllc.com](mailto:results@marvellabsllc.com)**

Company: \_\_\_\_\_ Phone: \_\_\_\_\_ Date/Time: \_\_\_\_\_

Donor: \_\_\_\_\_ SS# \_\_\_\_\_ Location: \_\_\_\_\_

Collection Site Donor is to report to: \_\_\_\_\_

STEP 1 **MUST** be completed for all DOT employees only – specify DOT Agency-  
specify test type

STEP 2 specify reason for testing the employee

**PLEASE CHECK APPROPRIATE ( ) SPACE BELOW DOT DRUG (ALWAYS SPLIT)**

STEP 1: DOT AGENCY: ( ) FMCSA ( ) PHMSA ( ) USCG ( ) FRA ( ) FTA ( ) FAA

STEP 2: Reason for Test ( ) Pre-employment ( ) Random ( ) Post-Accident ( ) Reasonable Cause/Suspicion  
( ) Return – To – Duty (DIRECT OBSERVATION) ( ) Follow-up (DIRECT OBSERVATION)

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**- NON DOT DRUG**

STEP 1: Type of Test ( ) Non-Dot Drug (SPLIT)

STEP 2: Reason for Test ( ) Pre-employment ( ) Random ( ) Post-Accident ( ) Reasonable Cause/Suspicion  
( ) Return – To – Duty ( ) Follow-up

**Statement of Notification (To be signed by the individual responsible for notifying the employee of random testing requirements):** *I have notified the above employee of their selection to submit to random drug testing. The employee has been advised that they have 30 MINUTES PLUS TRAVEL TIME to arrive at the collection site. Employee has been notified that failure to do so will be considered a REFUSAL TO TEST and may result in disciplinary action up to and including termination of employment.*

\_\_\_\_\_  
*Signature of Supervisor Responsible for Notification*

### **COLLECTION SITE INSTRUCTIONS**

All urine specimens and laboratory copies of the chain of custody must be shipped to Marvel Laboratories, LLC.

### **Chain of Custody Testing Forms to:**

Marvel Laboratories, LLC fax: (662) 374-5068 or email: [results@marvellabsllc.com](mailto:results@marvellabsllc.com)

### **Billing to:**

Marvel Laboratories, LLC mail: 805 West Park Ave, Ste 5A, Greenwood, MS 38930 / FAX:  
(662) 374-5068 / Email: [billing@marvellabsllc.com](mailto:billing@marvellabsllc.com)