



BIO-MED

TESTING SERVICE INC

Company name: DEPT. OF CORRECTIONS

Donor name (employee or prospective employee) _____

REPORT with this letter and photo identification (driver's license or other card with your picture and identification on it) to:

BIO-MED approved collection site:

Not for commercial drivers – Non-DOT testing only

PURPOSE (✓ one)

Reasonable Cause

Check here if Non-DOT Breath Alcohol Test also ordered

Non-DOT: PANEL 3

**** Collection Site → Use Legacy single specimen collection/ BIO-MED acct # 02063.**

Bill BIO-MED for the collection

FAX BAT results to OR Dept. of Corrections DER, Carla Perkins at 503-378-6427

**** Employer to donor **** You are to report as soon as possible to provide a urine sample for drug testing and/or participate in a breath alcohol test. You must provide the sample within _____ hours of receiving this letter or the test will not be considered valid.

Donor received this letter on _____ at approximately

(DATE) (TIME)

Employer Initial _____ Employee/Perspective Employee Initial _____