Test Order Form

Company Name: Lawrence Berkeley National Laboratory

Company Address: One Cyclotron Road, MS 48R0120, CA, 94720

Designated Employer Representative (DER): Nathan Keller (nkeller@lbl.gov)

DER Phone: 510-486-4203    DER Fax: 510-486-7014

Employee Name: ____________________________  ID # or SSN#:______________________________

Date of Birth: ________________________      Phone #: _________________

Walk in Hours are Monday – Friday, 9AM – 3PM with no appointment required
Donor must bring a valid form of identification: Driver’s License, Employee Badge, etc.

<table>
<thead>
<tr>
<th>Testing Authority:</th>
<th>Non-DOT</th>
<th>DOT:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Specify Test(s), below</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Reason for Test:</th>
<th>Pre-Employment</th>
<th>Reasonable Suspicion</th>
<th>Random</th>
<th>Return to Duty</th>
<th>Post-Accident</th>
<th>Follow-up</th>
</tr>
</thead>
<tbody>
<tr>
<td>Other: ____________________________</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Special Conditions:</th>
<th>Observed Collection</th>
<th>Monitored Collection</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>NON-DOT Test(s)</th>
<th>Test Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>✘ Urine</td>
<td>☐ Hair Follicle</td>
</tr>
<tr>
<td>☐ Instant Test</td>
<td>✘ Laboratory Test</td>
</tr>
<tr>
<td>☐ 5 Panel</td>
<td>☐ 10 Panel</td>
</tr>
</tbody>
</table>