

405 Boulder Court, Suite 100
 Pleasanton, CA 94566
 925-236-1700 (P)
 925-236-2011 (F)
 Pleasanton-CA@ARCpointLabs.com



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.

Testing Authority:	<input checked="" type="checkbox"/> Non-DOT Specify Test(s), below	<input type="checkbox"/> DOT: <div style="display: flex; justify-content: space-between; font-size: small;"> <div> <input type="checkbox"/> FMCSA <input type="checkbox"/> FTA <input type="checkbox"/> Urine Test </div> <div> <input type="checkbox"/> FRA <input type="checkbox"/> PHMSA <input type="checkbox"/> Breath Alcohol </div> <div> <input type="checkbox"/> FAA <input type="checkbox"/> USCG </div> </div>
Reason for Test:	<div style="display: flex; justify-content: space-between; font-size: small;"> <div> <input type="checkbox"/> Pre-Employment <input type="checkbox"/> Reasonable Suspicion Other: _____ </div> <div> <input type="checkbox"/> Random <input type="checkbox"/> Return to Duty </div> <div> <input type="checkbox"/> Post-Accident <input type="checkbox"/> Follow-up </div> </div>	
Special Conditions:	<input type="checkbox"/> Observed Collection <input type="checkbox"/> Monitored Collection	

NON-DOT Test(s)	Test Type	<input checked="" type="checkbox"/> Urine <input type="checkbox"/> Hair Follicle <input type="checkbox"/> Saliva <input type="checkbox"/> Breath Alcohol
		<input type="checkbox"/> Instant Test <input checked="" type="checkbox"/> Laboratory Test
		<input type="checkbox"/> 5 Panel <input checked="" type="checkbox"/> 10 Panel <input type="checkbox"/> EtG Alcohol