



Company Information Form

Date _____

Company Name: _____ No. of Employees: _____

Company Address: _____ FTIN: _____

Company Phone: _____ Fax: _____

Company Contact: _____ Email: _____

Accounts Payable Contact

Contact Name: _____

Phone: _____

Email: _____

Fax: _____

Services for Visit

Pre-employment Physical

DOT Physical

Drug Screens

Non- DOT standard 5-panel

DOT Drug Screen

Instant 10-panel drug

Urine Collection Only

Lab Name: _____

(Make sure Employee brings CCF form, if collection only)

Results Reporting Preference

Name : _____

Email: _____

Fax: _____

Other Services

Rapid COVID-19 Antigen Test

BAT Breath Alcohol Test

TB PPD Skin Test