



REQUEST FOR CHAIN OF CUSTODY FORMS

Please fax to: 513-521-9900 or email to: testforms@empscreen.com

Date _____

Company _____

Contact _____

Billing Code and/or Location _____

Address _____

Phone _____

Email address _____

Please circle the appropriate Panel test:

NIDA DOT 5-Panel

Non-DOT 5-Panel

Non-DOT 9-Panel

Other

Please circle:

LabCorp

Quest

If other, please explain _____

How many forms do you want sent? _____

COMPANY REPRESENTATIVE SIGNATURE _____

Internal Use(MK)

COC #

