

Test Authorization Form Acct#101123-0

Please present this document to one of the clinics listed below for collection services



CID590702

FOR ESCREEN COLLECTIONS USE THE FOLLOWING SITES

<p><u>FAIRFIELD</u></p> <p>North Bay Med. Ctr./Fairfield 2470 Hilborn Rd. Suite#100 Fairfield, CA 94533 P 707-646-4600 F 707-646-4603 7:30 am –4:15pm M-F</p>	<p><u>SACRAMENTO</u></p> <p>No Drugs, Inc. 7275 East South Gate Dr., Suite# 409 Sacramento CA, 95823 916-428-3784 F 916-428-3784 8:00am -5:00pm M-F closed 1-2</p>	<p><u>SACRAMENTO</u></p> <p>Collection Plus 2129 Hacienda Way, Suite J Sacramento, CA 95825 P 916-487-3152 F 916-487-3265 8:00 am – 4:45pm M-F</p>
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FOR QUEST COLLECTIONS USE THE FOLLOWING SITES **Quest Urine Account # 10539522**
Quest Oral Fluid Account# 10575587

<p><u>MARTINEZ</u></p> <p>No Drugs, Inc. 827 Arnold Drive, Ste.# 70 Martinez, CA. 94553 P 800-490-3784 F 510-661-9955 Hours: M-F 8:00am-4:00pm (closed 12-1 for lunch) Urine/Oral Fluid Testing</p>	<p><u>VALLEJO</u></p> <p>C-DAT(Center for Drug and Alcohol Testing) 17 Tennessee St. Vallejo, CA 94590 P 707-643-3894 F 707-643-2401 7:30am – 3:00pm M-F Urine/Oral Fluid Testing</p>	<p><u>FAIRFIELD</u> *PENDING*</p> <p>Oral Fluid Testing</p>	<p><u>DIXON</u></p> <p>Angelmans, Inc. 1425 Market Lane, Ste.#G Dixon, CA 95620 P 707-693-1947 F 888-230-9820 7:00am-7:00pm 7 days By Appointment Only Urine/Oral Fluid Testing</p>	<p><u>NAPA</u></p> <p>Urgent Care + Telehealth 2306 First Street Napa, CA 94559 Ph: 707-377-1007 Fax: 833-992-2082 M-F 8:30am-4:45pm Oral Fluid Testing ONLY</p>
<p><u>BENICIA</u></p> <p>Urgent Care & Telehealth 1387 E 2nd St Benicia, CA. 94510 P 707-377-1005 M-F 8:30am-4:45pm Oral Fluid Testing ONLY</p>	<p><u>SAN RAFAEL</u></p> <p>ArcPoint Labs 4340 Redwood Hwy Ste a-33 San Rafael, CA 94903 P 415-475-4620 M-F 8:30am-4:45pm Oral Fluid Testing ONLY</p>			

Name of Employee/Applicant: _____ **ID#** _____

Type of Test:

- Pre-employment
 Post-accident
 Random
 Birthday/Other
 Follow-up
 Return to Duty

Test Authorized by:

- Contractor _____ (Company Name) _____ (Name of authorizing individual)
 Local 180 _____ (Name of authorizing individual)
 Program Administrator _____ (Name of authorizing individual)

Specific account information is as follows:
 NECA/IBEW local 180 – 27715 Jefferson Ave, Ste 103, Temecula, CA. 92590
 Please call LifeWorks 877-577-3784 for any questions