Macintosh HD:Users:Tammy:Dropbox (Team Professional):TEAM PROFESSIONAL:Logos:Final TEAM logo:TEAMFinal.pdf

**COMPANY:** **Summit Automotive**

**TEAM AUTHORIZATION FORM**

Donor Name: Crystal Pearcy-Blowers

Donor Social Security Number / Employee ID Number: 047-74-8620

**TEST/SERVICES INFORMATION:**

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| PRE-EMPLOYMENT  POST-ACCIDENT  RANDOM  RECERTIFICATION  FOLLOW-UP  REASONABLE SUSPICION |

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| **Drug Testing** | **Breath Alcohol Testing** | **Physicals** |
| **DOT Lab Test**  PHMSA  FMCSA  **NON-DOT Lab Test**  **INSTANT/RAPID DRUG TEST**  5-PANEL  10-PANEL | **DOT**  **NON-DOT** | **DOT Physical**  **NON-DOT Physical**  **OTHER**  AUDIOGRAM  FUNCTIONAL CAPACITY EVALUATION  PFT  FIT TEST |

**COLLECTION SITE:**

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| *Please call the collection site to confirm operational hours and appointment requirements.*  *Arrive one hour before closing time to ensure testing can be completed***.**  **PLEASE BE SURE TO BRING PHOTO ID** | |
| **COLLECTION SITE ADDRESS:**  **Concentra - Burlington**  **7 Fayette Rd**  **SouthBurlington, VT 05403**  **802-658-5756** | Hours: Monday - Friday 7am - 7pm |

**CLINIC INSTRUCTIONS:**

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| * A TEAM CRL (Clinical Reference Lab) chain of custody should accompany all samples with the company name indicated as the employer. * Please mail the EMPLOYER COPY of the chain to the employer address listed on the COC. * Please fax BATs, Physicals and any other results to TEAM at 405-429-7976. * All invoices for ALL services should be sent to TEAM at [accountspayable@teamprofessional.com](mailto:accountspayable@teamprofessional.com) or mailed to 4901 West Reno, Suite 750, Oklahoma City, OK 73127. * Please direct all questions to TEAM at 918-970-2323 or [help@teamprofessional.com](mailto:help@teamprofessional.com). * Chains may be ordered by emailing [help@teamprofessional.com](mailto:help@teamprofessional.com) or by visiting our website under “Resources” and “Order Chain of Custody Forms”. |