



Order Expiration Date / Time: \_\_\_\_\_

*You must give your specimen  
before the Expiration Date / Time.***TPA Billing Information:**

SURSCAN  
2030 G AVENUE # 1102  
PLANO, TX 75074 Phone:  
(972)633-1388 Fax:  
(775)370-3031

**Medical Review Officer:** RANDY BARNETT DO

Any prescriptions you may be taking **WILL NOT** be  
discussed at the time of collection. A Medical  
Review Officer will contact you at the number you  
provide on the chain of custody form at the time of  
testing.

Please bring your driver's license or other government issued photo-ID with you for identification at the collection facility.

**Test Information****Account Information:****Test Details:**

Reason for Test: Random

**Service(s) to be Performed**

UA Drug Screening (Collection Only)

**Test Panel:****Collection Site Information (Pick any site below)** *Call Collection Site You Pick To Confirm Hours*

**You must bring this order confirmation to the collection facility!**

**Customer Service (972) 633-1388**