



Drug Test Request Form
National Test Order Form – NON DOT ONLY

Please complete **all yellow highlighted cells**, then fax to 360-597-4907, or email to ***both*** addresses below.

Employer Name	
Employer Email	
Employer Phone Number	
Employee Name (First, M.I., Last)	
Employee Gender	
Employee Last 4 SSN#	
Employee DOB	
Employee Email (Optional, if provided we will copy the email confirmation to the employee)	
Reason For Test (ex: Pre-employment, Random, etc)	
Test Type/Account Number & Profile (<i>This will be set by default to the test noted in your customer file</i>)	IF YOU DO NOT HAVE AN ACCOUNT WITH US PLEASE CALL 360-597-4543 TO SET THIS UP.
Test Expiration Date/Time & Zone (PST, EST)	
Employee State of Residence	
Employee Home or Jobsite Zip Code	

Employee must present photo identification at time of test!

Employer Instructions:

1-Complete **ALL yellow highlighted** areas above. Fax or scan the completed form to an email. Fax to 360-597-4907 or email to ***both*** tjohnson@nwtesting.com and info@nwtesting.com.

2-Upon receiving your completed request, we will register your donor and email you a registration number along with a list of sites/addresses you can send the donor to for his/her test. The donor must provide the registration to the test site at the time of the test or the test cannot be completed.

3-After the test has been completed we will email you the results of the test.