



**US DRUG TEST CENTERS BREATH ALCOHOL ORDER FORM**

**PLEASE TAKE THIS PAGE WITH YOU TO THE COLLECTION SITE FOR YOUR BREATH ALCOHOL TEST. YOU WILL BE REQUIRED TO PRESENT A GOVERNMENT ISSUED PHOTO ID.**

**Collection Facility:**

Company Name:	Hours:
Address:	Phone:
City : State:          Zip:	

**Client/Employer:**

Donor Name	
Donor Phone:	
Donor SSN or Employer ID #:	
Reason:	DER Name & Phone:
Test:	Company Name:

**FOR COLLECTION SITE: Services requested (Please check one box):**

<input checked="" type="checkbox"/>	DOT Breath Alcohol
<input type="checkbox"/>	NonDOT Breath Alcohol

Send copy of all BAT results to [mro@i3screen.com](mailto:mro@i3screen.com) or fax to 855-253-5666.

For positive BAT results, call the employer contact immediately.

Send a copy to [admin@usdrugtestcenters.com](mailto:admin@usdrugtestcenters.com) or fax to 702-977-5811.

**Invoice ONLY to:**

**Include a copy of the Breath Alcohol Testing Form with the Invoice**

US Drug Test Centers  
Accounts Payable  
770 East Warm Springs Road Suite 225  
Las Vegas, NV. 89119  
Phone: 1-866-566-0261  
Fax: 702-977-5811  
[admin@usdrugtestcenters.com](mailto:admin@usdrugtestcenters.com)

**If you have any questions please contact US Drug Test Centers at 1-866-566-0261. Please do not allow the donor to leave your facility with an incomplete test without calling our office.**

**ALL QUESTIONS – 1-866-566-0261**