

Donor Drug Testing Request

DONOR...present this authorization form to collection site upon arrival

Date: _____

Donor Name: _____

Supervisor Requesting Tests: _____

Collection Site
Batesville Clinic
107 Eureka St
Batesville, MS 38606
(662) 563-7681
Hours: Monday through Friday -
8am – 12pm / 1:30pm – 4pm

Serrato Corp.
DER Information:
Donna Smith
662-563-4656

NonDOT – Serrato Corporation - **please email donor signed COC to rbrodsky@mainlinedts.com**

TEST REQUESTED

URINE COLLECTION
Please use Serrato COC you hold on-site
ship urine specimen to Labcorp
FAX AMRO (MRO) their COC copy

BAT - Breathe Alcohol
Email Results to Mainline Drug Testing

REASON FOR TEST: PRE-EMPLOYMENT RANDOM REASONABLE SUSPICION /CAUSE

POST ACCIDENT PERIODIC FOLLOW-UP

BILLING INFORMATION for UDSC FEES

TPA Account Name: Mainline Drug Testing Services LLC

Account Address:

Street: P O Box 98143 City: Pittsburgh State: PA Zip: 15227
Phone: 412 884 6967 Fax: 412 884 6967 Cell: 412 398 8074

Contact : Randy Brodsky Email: rbrodsky@mainlinedts.com