



# Authorization for Selected Services



Donor's Name: \_\_\_\_\_ Employer's Name: Richland County School District One

Employee ID or SSN#: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

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## Services Requested:

Non- DOT Drug Screen Collection

Non-DOT Breath Alcohol Collection

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## Reason for Testing

Pre-Employment

Random

Reasonable Suspicion

Post Accident

Return to Duty

Follow-Up

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## Collection Site: Address, City, State, Zip, & Phone:

Midlands Exams & Drug Screening 6941 N. Trenholm Rd. Suite M, Columbia, SC 29206 (803)790-2045

Midlands Exams & Drug Screening 3020 Sunset Boulevard, Suite 102, West Columbia, SC 29169 (803)939-8422

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I **acknowledge** I have received notice from my employer and will proceed immediately to the designated collection site.

Employee Signature

Date

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## Requester

*Beverly Leeper, Risk Management*

*(803)231-7402*

Employer Representative

Phone

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## Medical Review Officer (MRO):

Please send all MRO copies of custody and control forms, rapid POCT urine results forms, and breath alcohol testing forms within 24 hours of the collection or next business day.

Fax: 855-253-5666 | Email: [dataentry@i3screen.com](mailto:dataentry@i3screen.com) | [upload.i3screen.net](http://upload.i3screen.net)

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## Designated Employer Representative (DER):

Please send all copies within 24 hours of the completed test or the next business da to the Designated Employer Representative (DER). Forensic drug testing custody and control forms, alcohol testing forms, point of care rapid results, and authorization forms.

## Billing:

Premier Biotech

723 Kasota Avenue SE

Minneapolis, MN 55414

Phone:855-718-6917

Email Invoices: docs+biotechinc@ap-docs.com