Building Trades National Drug and Alcohol Program

Contractor Authorization for Specimen Collection

You are hereby authorized to collect a urine sample and/or alcohol sample for the following employees/applicants and to forward the specimens to Kroll for analysis

Date: _____ **Contractor:** _____

Authorized by: _____

Project Name: _____ **Alere Facility #** _____

Type of Test: ☐ Urine Drug Test ☐ Alcohol Test

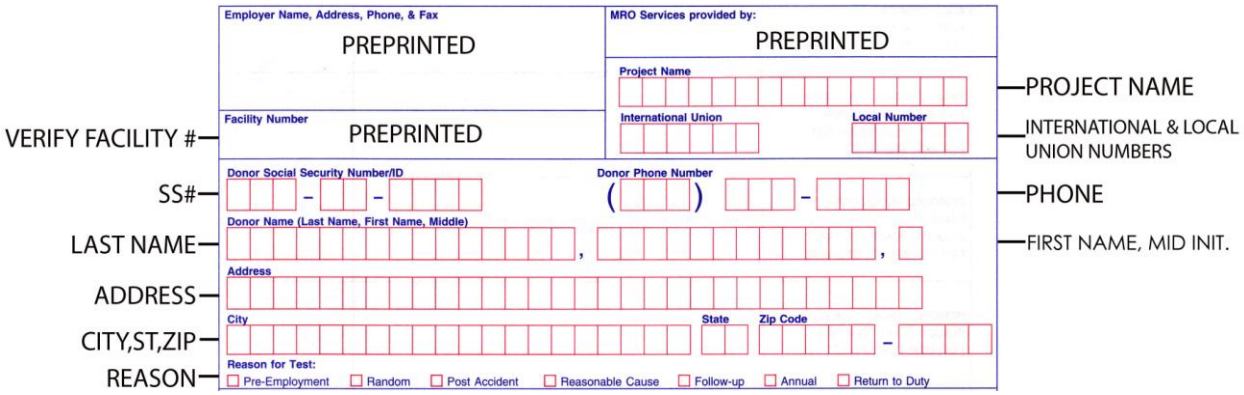
Reason for Test:

☐ Pre-employment ☐ Random ☐ Post Accident ☐ Annual

☐ Reasonable Cause ☐ Return to Duty ☐ Follow-up

First Name	Last Name	SS#	Intl. Union Code	Local #

ALL demographic information MUST be transferred from this form to the chain of custody form. If the facility number listed above is different than the pre-printed facility number, please draw a line through the pre-printed number and write in the facility number listed above.



Send Specimen and Chain of Custody to: Alere, 1111 Newton St., Gretna, LA 70053, 800-433-3823, Fax: 504-361-8298