

Oregon Medical Laboratories
1-800-826-3616, ext. 8082



DRUG TEST REFERRAL FORM

Company: Tektronix, Inc

OML Acct. No. 96237

Contact for Account: OML, Phone Number 1-800-826-3616, ext 8082

Instructions for Applicant:

Should you be extended an offer of employment you will need to complete and take this form to a collection site for drug testing. The location will be given to you by a Tektronix representative at the time of an offer being extended. Please print all information and give completed form to a representative at the designated collection site. Be sure to review the Applicant Instructions below and the Pre-employment Drug Testing Information/Consent Form in the Interview Preparation section on the Tektronix Website for more information about the drug test process.

Applicant Name: _____

Date: _____ Time: _____

Applicant Social Security Number: _____

Home phone: _____

Services Requested: Non-DOT Drug Test

Reason for Test: Pre-employment

Instructions for Applicant:

- Report to collection site **within 3 business days of receiving an offer.**
- **BRING PHOTO ID WITH YOU.**
- Refrain from drinking liquids prior to collection.
- Do not list your medications at the collection site*

* *If medical information is needed to make a final determination of your test results, you will be contacted by the Medical Review Officer, an MD who understands interactions of diet and prescription medications with the drug test. If you are on prescription medications, it may be helpful for you to list them on the back of your copy of the form the collector gives you as a memory jogger.*

Report to the authorized collection site:

The location of the collection site will be given to you by a Tektronix representative at the time of an offer being extended.

Instructions for Collectors:

- **MRO John R Braddock, MD.** Please do not fax or mail the MRO copy to the MRO. He will contact OML if he needs a copy.
- **Collection Protocol:** Collect specimen using an OML non-DOT (single) collection kit, and the preprinted OML Chain of Custody form for the **Company and Account Number noted above.** Refer to OML's "**Urine Drug Testing Collection Checklist (NOT for DOT/DHHS NIDA).**" *If you have questions or do not have the appropriate supplies, call OML at 1-800-826-3616, ext 8082.*
- **Shipping:** Please call OML courier dispatcher at 1-800-826-3616, ext 8049 for specimen pickup as soon as possible.
- **Billing:** Send bills for the collection fee to OML Accounts Payable, PO Box 77003, Eugene, OR 97401. Please do not bill Tektronix for the collection fee.
- **Please circle the appropriate panel number on COC form, and "Reason for Test" indicated above.**

Thank you!