

## AUTHORIZATION, CONSENT, & PAYMENT OF DRUG/ALCOHOL TESTING



**FASTEST LABS®**  
7600 Veterans Pkwy Suite A  
Columbus, GA 31909

**Hours: Mon-Fri  
9am-5pm**

Phone: 706-221-1470  
Fax: 706-221-1471

Company Name: Pizza 5:16 LLC dba Marco's Pizza

Contact Name: Chip Thomas Fax #: \_\_\_\_\_

Street Address: 1290 Double Churches Rd. Phone#: 706-799-3848

City: Columbus State: Ga Zip: 31904

Report Results via: cthomas@marcos.com

**Please fill out both pages of this fax completely and email back to  
columbusga@fastestlabs.com**

Employee will sign the second page when they arrive at our facility. Please remind them to bring a picture ID (ex. Driver's License) when they come for testing. They will be at our office approximately 5-10 minutes. Here are some of the services we offer:

UA (5-panel) w/ MRO Report (DOT or Non DOT)	\$45.00
UA (10-Panel) w/MRO Report (Non DOT)	\$50.00
UA (12-Panel) w/MRO Report (Non DOT)	\$79.00
Non-DOT Health History Evaluation/Physical	\$75.00
5-Panel UA Rapid Drug Screen (Non DOT)	\$40.00
<i>*Confirmation Required on All Non-negative Specimens</i>	
10-Panel UA Rapid Drug Screen (Non DOT)	\$45.00
<i>*Confirmation Required on All Non-negative Specimens</i>	
12-Panel UA Rapid Drug Screen (Non DOT)	\$49.00
<i>*Confirmation Required on All Non-negative Specimens</i>	
<b>Observed Collection (UA Rapid or w/MRO report)</b>	<b>\$15.00</b>
Confirmation for Non-Negative Urine/Saliva w/Toxicology Report	\$50.00
Synthetic Marijuana/Cannabinoid Rapid Test	\$20.00
10 – Panel Saliva Rapid Drug Screen (Non DOT)	\$45.00
Evidential Alcohol Breath Test (DOT/Non DOT)	\$45.00
Hair Follicle Collection Drug Screen, 5 panel (Non DOT)	\$120.00
Hair Follicle Collection Drug Screen, 10 panel (Non DOT)	\$339.00

**Fees will be charged at the time of service.**

### CREDIT CARD INFORMATION

Name on Card:	Kenneth W Thomas Jr.
Card Type:	Visa
Card #:	Please call me for card information. 706-799-3848
Exp. Date:	
Card Code:	
American Express – 4 numbers to the top right of card number, on front of card All other cards – 3 numbers on the back, right of card	



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Hours: Monday-Friday 9am- 5pm

AUTHORIZATION & CONSENT TO BE TESTED

I hereby consent to provide a specimen of my urine/breath to be tested for drugs, controlled substances and alcohol and will comply with the company procedures for providing the specimen. I understand that complying with this request is a condition for employment or continued employment.

I hereby release the company, its employees, agents, contractors and the Fastest Labs® franchisor/franchisee from any liability whatsoever arising from this request; my agreement to furnish a urine, saliva, nail, breath or other sample; undergo a physical examination; and the testing of the urine/breath sample and decisions based on the results of such testing and medical examinations, which concern my employment application or continued employment.

Employee Name: \_\_\_\_\_ SS#: \_\_\_\_\_

Employee Signature: \_\_\_\_\_

Please check reason for testing:

- O Pre-employment O Random [X] Post-Incident/Accident O For Cause
O Return to Duty O Follow-Up Testing O Other \_\_\_\_\_

Please check the tests to be administered:

- [X] UA Rapid Test: [X] 5 Panel \_\_\_ 10 Panel \_\_\_ 12 Panel
[ ] DOT (5 Panel) Drug Screen
[ ] DOT Physical
[ ] NON-DOT (5 Panel) Drug Screen
[ ] NON-DOT (10 Panel) Drug Screen
[ ] 5 Panel Hair Follicle Drug Screen
[ ] 10 Panel Hair Follicle Drug Screen
[ ] Breath Alcohol Test \_\_\_ DOT \_\_\_ NON-DOT
[ ] Other \_\_\_\_\_

Authorized by: \_\_\_\_\_ Date: \_\_\_\_\_