

Donor Information Referral Form

Please fax this referral and donor consent to (519) 632-9534 or email it to CASbookings@DriverCheck.ca

ATTENTION: After two consecutive missed collections, the contractor must notify the caseworker or supervisor for approval to continue testing. Please respond quickly so that collections can resume.

Donor Information	Address of Collection
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Donor Name: _____	Apt. Number: _____ Buzzer: _____
Case File Number: _____	Street: _____
Phone: _____	City: _____
Date of Birth: _____	Postal Code: _____ Entry: _____
Gender: _____	Safety Concerns: _____

Tests To Be Performed

- | | |
|---|---|
| <input type="checkbox"/> Lab-based urine alcohol test | <input type="checkbox"/> Lab-based oral fluid drug test |
| <input type="checkbox"/> Lab-based 5-panel urine drug test | <input type="checkbox"/> Breathalyzer |
| <input type="checkbox"/> Lab-based 10-panel urine drug test | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> 7-Panel urine POCT/instant test (+ lab confirmation test if screen test result is non-negative) | |
| <input type="checkbox"/> 10-Panel urine POCT/instant test (+ lab confirmation test if screen test result is non-negative) | |

Frequency of Testing	Duration
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- | | |
|--|--------------------------------------|
| <input type="checkbox"/> 1 time only | <input type="checkbox"/> 1 time only |
| <input type="checkbox"/> 2 times per month | <input type="checkbox"/> 1 week |
| <input type="checkbox"/> 2 times per week | <input type="checkbox"/> 1 month |
| <input type="checkbox"/> 1 time per month | Other: _____ |
| <input type="checkbox"/> 1 time per week | |
| <input type="checkbox"/> 3 times per week | |
| Other: _____ | |

Donor Availability: _____

Caseworker Information	
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Agency Name: _____	Fax Number: _____
Caseworker Name: _____	
Caseworker Phone: _____	
Email: _____	

Authorizing Supervisor: _____

Please Print

Signature Required