www.gomcsnow.com

support@gomcsnow.com | ☎ (859) 965-9300

Anywhere. Anytime. Professional Compliance Testing.

Client Intake & Referral Form

(Do NOT provide copies to client.)

Client Information

Name: _____

Date of Birth: _____ SSN (Last 4): _____

Address: _____

Phone #: _____

Case Number: _____

Date Assigned: _____

Assigned by: _____

Juvenile □ Adult □ Male □ Female □

Type of Test (check all that apply)

□ 5 Panel Urine (THC, Cocaine, Opioids, M/Amphetamines, PCP)

□ 10 Panel Urine (5 Panel + Benzodiazepines, Barbiturates, Methadone, Propoxyphene, Quaaludes)

□ DNA Test (Legal / Non-Legal)

□ Alcohol / EtG – Add On

□ Fentanyl – Add On

□ DOT - 5 Panel Urine

□ Other: _____ □ Observed

Add ons: Alcohol (Ethanol), Oxycodone, Buprenorphine, Tramadol, Fentanyl (Elisa), Fentanyl (Analogs), Cotinine (Nicotine), ETG/ETS, K2 (Synthetic Marijuana/Testing for 28 metabolites), Bath Salts (Synthetics Stimulants Testing for 30 metabolites)

Testing Pattern (select one)

□ Every Test Random

□ Every Test Scheduled

□ One-Time Test (Post-Accident, Pre-Employment, Random, etc.)

Comments / Special Requests

_____

Case Information

Case Worker(s):

_____

Judge (if applicable):

_____

Results Delivery

□ Email Results to:

_____

□ Fax Results to:

_____

Testing Frequency – Random Call-In System (select one)

□ Code A (High Frequency) → 2x per week

□ Code B (Weekly) → 1x per week

□ Code C (Bi-Weekly) → every 2 weeks

□ Code D (Monthly) → 1x per month

□ Code E (One-Time Test)

Fees Paid By (Circle One)

SELF PAY / COURT / CPS / EMPLOYER / OTHER

_____

-Pay / Court order due at time of service

-Release of Information available or attach your agency's form for Mobile Compliance Screening disclosure.