



DRUG/ALCOHOL TESTING NOTIFICATION

The following form **MUST** be utilized when sending a Donor/Employee for Post-Accident/Incident Drug and Alcohol Test or Probable Cause Drug and Alcohol Test. The DER/Supervisor is to **accompany** the Donor/Employee and always stay with the donor. Please inform the collector/collection site that the test must be a **BCRC Urine Drug Screen AND Breath Alcohol Test**. If possible, provide the donor's valid picture identification and BCRC card. These items are helpful but not necessary at the time of his/her arrival at the collection site.

Company: _____

Telephone/Cellular #: _____

DER/Supervisor Name: _____

Location Accident Took Place: _____

Donor/Employee Name: _____

Driver's License #: _____ or BCRC#: _____

Date of Test: _____ Date of Injury: _____

Time of Test: _____

Test Reason: *(please check)*

_____ Post-Accident/Incident Testing

_____ Probable Cause Testing

After both tests are completed, immediately take a picture of the form and PLEASE email it to info@bcrnet.com or Fax directly to BCRC @ 219-764-9510

Thank you for your continued cooperation!

*****CONFIDENTIAL*****