



New Direction Testing, LLC

Professional Drug & Alcohol Testing

REFERRAL FORM

Name: _____ Date: _____
(first) (middle) (last)

DOB: _____ Gender: _____ Case #: _____

Begin Date: _____ End Date: _____

PRELIMINARY BREATH TESTS

Daily PBT: Daily AM 2x daily AM & PM

Random PBT - AM: 1x/month 2x/month 4x/month 8x/month

URINE ANALYSIS - AM ONLY, UNLESS APPROVED BY THE COURT

Benchmark or Single Date Test - Date: _____

13 Panel Random Urine Screen (AM ONLY)

Frequency: 1x/month 2x/month 4x/month 8x/month 1x/week 2x/week

ETG

Frequency: 1x/month 2x/month 4x/month 8x/month 1x/week 2x/week

Referring Agency: _____
(please include a release of information, if applicable)

Contact Name: _____ Phone: _____

Email: _____ Fax: _____

Send Results Via: Email Fax USPS

Signature: _____

Testing Hours: 5:30 - 9:00 am | 6:00 - 9:00 pm (7 days/week)

Random codes are posted each day at 9:00 PM for the following day.

Codes are found by calling the testing hotline or by visiting our website or Facebook Page.

3287 Racquet Club Court, Suite B, Traverse City, MI 49684

Phone: 231-943-2278 Fax: 231-943-2279 Testing Hotline: 231-943-2280

www.newdirectiontesting.com