

INTERNATIONAL LONGSHOREMEN'S ASSOCIATION  
& WEST GULF MARITIME ASSOCIATION

**Drug & Alcohol Test Notification Form**

ATTENTION COLLECTION SITE: This is your authorization to perform services.

Payment will be rendered by USAMDT of Houston based on (1) valid test results, (2) proper protocol used when testing, and (3) documentation for services requested below.

**Notice:**

Time of Notice: \_\_\_\_\_ a.m. / p.m.

Must Report to Clinic By:

Date: \_\_\_\_\_

Date: \_\_\_\_\_

Location: \_\_\_\_\_

Time: \_\_\_\_\_ a.m. / p.m.

Managing Company: \_\_\_\_\_

Full Address: \_\_\_\_\_

**Workers Information:**

Full Name: \_\_\_\_\_

ILA Work #: \_\_\_\_\_

Phone Number: \_\_\_\_\_

ILA Local #: \_\_\_\_\_

**Medical Facility:**

Clinic Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

**Test Type (Both Tests Are Always Required):**

Breath Alcohol Test (BAT)

Drug Test Lab: Quest Diagnostics Acct # 10291558 Panel # 46633N

**NOTE: Direct Observation & Split Specimen Collections Always Required**

**Reason For Test:**

Post Accident

Reasonable Suspicion

Other: \_\_\_\_\_

**Testing Authorization Information:**

**READ TO THE WORKER:** You are notified to appear to the facility above for a drug test as required by the WGMA/ILA Policy on Drugs. Failure to submit to a direct observation drug and alcohol test as specified in this notice or a failure to sign all required forms violates the WGMA/ILA Policy on Drugs and is treated as a refusal to test (same as a positive drug test result). A photo ID is required to take the drug test: Drivers License or TWIC.

\_\_\_\_\_  
Workers Signature

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Telephone Number

**Requesting Manager**

\_\_\_\_\_  
Superintendent / Manager Signature

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Telephone Number

**Witness**

\_\_\_\_\_  
Witness Signature

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Telephone Number

*Send sample to Quest Diagnostics via Federal Express or lab courier same day or no later than the next business day.*

Upon completion:

(1) Send BAT & CCF to MRO: MRO@i3Screen.com or fax 303 595 5263

(2) Send CCF, BAT & This Form to USAMDT: Houston@USAMDT.com or fax 832 572 5588