

DRUG SCREEN AUTHORIZATION FORM

ALL FIELDS ARE REQUIRED TO BE COMPLETED:

Date: _____

The University of Arkansas for Medical Sciences, Department of _____ gives permission to have
_____, SAP App # _____ or SAP Employee # _____
for position _____ tested by MLA.

PHOTO ID REQUIRED FOR ALL DRUG SCREENS

DRUG SCREEN PANEL REQUESTED

Check Appropriate Test:

On all **Pre-Employment** and **Random** test

MLA-10

Faculty, For Cause/Reasonable Suspicion or Faculty Random test

HP2 tests can take up to two (2) weeks to process.

HP2

Check Appropriate Reason for Test:

Pre-employment Random For Cause/Reasonable Suspicion including post accident

Department Authorizer (print)

Date

Department Authorizer (signature)

Telephone #

Pager # (if applicable)

Slot

Non-Grant Account #

Fund

Center

Locations:

MLA/Baptist Rehab Institute-Medical Tower II
8:30 am - 4:30 pm (closed 12 - 1 for lunch)
9501 Lile Drive, Suite 175, LR, AR 72205
202-1227

Baptist Medical Center Laboratory
After 4:30 pm
1st Floor Main Hospital

Note to Supervisors:

Upon Completion of this form:

1. Make sure the employee/applicant has a map to the collection facility. In the event the applicant is out of the Central Arkansas area, please contact MLA for an alternate collection facility (202-1561).
2. If the employee is clearly impaired, escort the employee and/or make arrangements for UAMS Police to take the employee to the testing facility.
3. Samples for pre-employment testing should be collected within 24 hours of notification. Samples for random and for cause/reasonable suspicion testing must be collected within 2 hours of notification (wait until it is reasonable for the employee to get to the collection facility within 2 hours prior to notification).
4. Fax this form to **both** of the following locations:

MLA
Fax: 202-7382
Attn: Carolyn

HUMAN RESOURCES
Fax: 296-1825
Attn: Kim Finne