



RESULTS

Drug & Alcohol Testing

Testing Referral

Attention Referring Agent -

- Please print clearly
Complete page 1 and give to donor to present at RESULTS for testing
Complete bottom of page 2 and fax to RESULTS --- Oakland Pointe 248.451.2329 or Troy 248.655.1278
Inform donor that they must present valid photo identification, \$15 for drug and \$4 for PBT tests when they report for testing.

Referral Date: _____

(Select One) [] Enrollment [] Immediate [] One Time Only test

Client Name: Last Name First Name Middle Name Race: Gender:

Date of Birth: / / SSN: (Last four) Phone: () - Cell: () -

Client Address: Address City State Zip

Docket: - Judge: Court: Charge:

Referring Agent/Person: Phone: () - FAX: () -

I understand that I am to report to RESULTS on: / / to: (select a site) [] Oakland Pointe [] Troy (see map on back) with \$15 in CASH to cover the drug test and \$4 for the PBT test.

I, Client's Signature, authorize the RESULTS Program to release all test results submitted to the above requesting agency/person.

Witness Signature Date

Referring Agent must complete bottom section of page 3 prior to FAXING this referral to the RESULTS program.



OFFICE OF THE SHERIFF

Michael J. Bouchard

Forensic Science Laboratory

R E S U L T S

Drug & Alcohol Testing

Hours of operation

Monday – Friday: 7:00 a.m. – 7:00 p.m. Saturday & Sunday: 9:00 a.m. – 1:00 p.m.

On the following holidays office hours are 7:00 a.m. – 1:00 p.m.:

New Year's Eve, New Year's Day, Memorial Day, Independence Day, Labor Day, Thanksgiving Day, Christmas Eve

(Offices are closed on Christmas Day)

REPORTING TIMES:

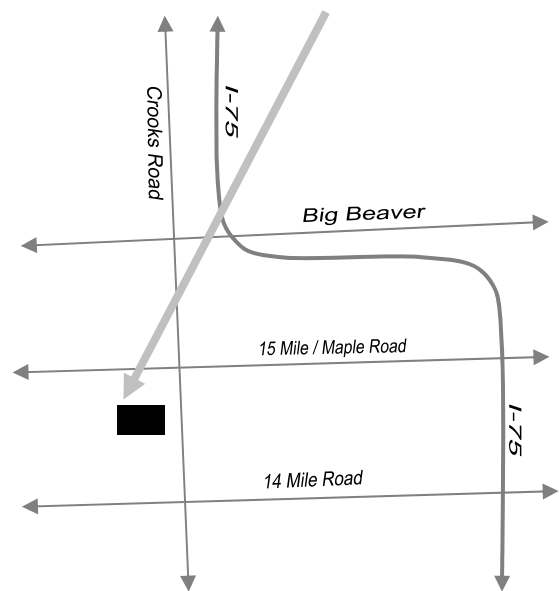
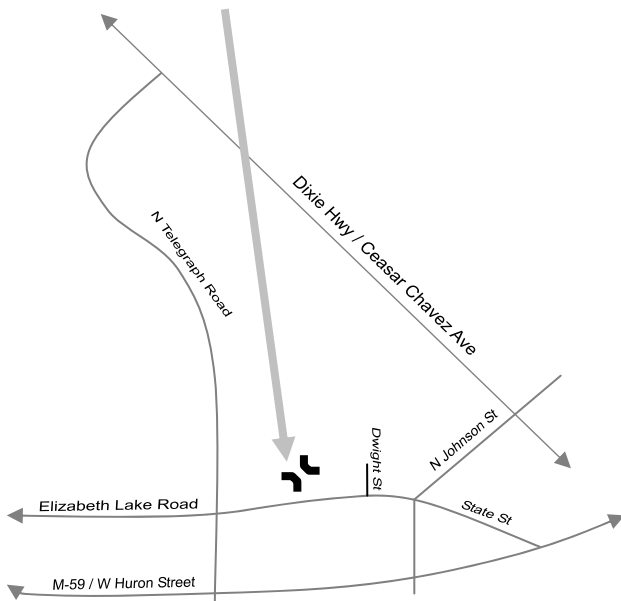
NEW CLIENTS: **ARRIVE AT LEAST 1 HOUR PRIOR TO CLOSING FOR PROGRAM REGISTRATION**

REGISTERED CLIENTS: **ARRIVE AT LEAST ½ HOUR PRIOR TO CLOSING TO INSURE COMPLETION OF TESTING**

TESTING LOCATIONS

OAKLAND POINTE
250 Elizabeth Lake, Suite 1700
Pontiac MI 48341
(248) 451-2358

TROY
1151 Crooks Road
Troy MI 48084
(248) 655-1259



PLEASE BRING PICTURE ID and \$15 (CASH) for Drug Test and/or \$4 (CASH) for PBT



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Referral Date: _____

(select One) [] Enrollment [] Immediate [] One Time Only test

Client Name: _____ Race: _____ Gender: _____

Date of Birth: ____/____/____ SSN: _____ Phone(____)____-____ Cell(____)____-____

Client Address: _____ Address City State Zip

Docket: ____-____ Judge: _____ Court: _____ Charge: _____

Referring Agent/Person: _____ Phone: (____)____-____ FAX:(____)____-____

I understand that I am to report to RESULTS on: ____/____/____ to (select a site) [] Oakland Pointe [] Troy (see map on back) with \$15 in CASH to cover the drug test and \$4 for the PBT test.

I _____, authorize the RESULTS Program to release all test results submitted to the above requesting agency/person.

Witness Signature Date

Referring Agents - Please complete this section prior to FAXING to the RESULTS program

Oakland Pointe FAX 248.451.2329 Troy FAX 248.655.1278

Test for: [] 2-Panel (THC-COC) [] 5-Panel (THC-COC-MOR/OPI-BENZO-METH)
[] Alcohol [] Other: _____

RANDOM TESTING ONLY

Client is to begin testing on: ____/____/____ and stop testing (if applicable) on: ____/____/____

Frequency of PBTs: ____ per: [] week [] month [] daily [] random/holidays

Frequency of Drug Tests: ____ per: [] week [] month Case Manager: _____