



1501 East Red River Street, Ste B1  
Victoria, Texas 77901  
361-894-6859  
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**PARTICIPANT DRUG TEST RESULTS RELEASE FORM**

I, \_\_\_\_\_, voluntarily authorize **Elite Testing & Screening Services**

to disclose the results of my drug test performed on \_\_\_\_\_ to:

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

Title / Relationship: \_\_\_\_\_

Company / Agency Name (if applicable): \_\_\_\_\_

\_\_\_\_\_  
Participant Signature

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Date

Elite Testing & Screening Services  
Phone: (361) 894-6859  
Fax: (361) 894-6860



Service Authorization

\_\_\_\_\_ hereby authorizes Elite Testing & Screening Services to perform the procedure(s) checked below:

- Injury treatment.
- Urine specimen collection for drug screen using kits and forms for CIRCLE ONE: (DOT) or (NON\_DOT Test following DOT protocols)
- Evidential Breath Alcohol Test  
CIRCLE ONE: (DOT) or (NON-DOT Test following DOT Protocols)

Company Name: \_\_\_\_\_

Authorization by: \_\_\_\_\_ Date: \_\_/\_\_/\_\_

Authorizing DER or Supervisor Name: \_\_\_\_\_

Time sent \_\_: \_\_ AM PM

Additional Instructions

Please indicate on the Custody and Control Form or Alcohol Testing Form the reason for the test. Select only one.

- Pre-employment
- Random
- Reasonable suspicion / cause
- Post-accident
- Return to duty
- Follow-up
- DOT Physical
- Non-DOT Physical

Report Breath Alcohol results, suspect adulteration of the urine specimen, the need to monitor or observe the collection, or any difficulties by phone and fax to **employer's DER** at:

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

Phone: (\_\_\_\_) \_\_\_\_ - \_\_\_\_

Fax: (\_\_\_\_) \_\_\_\_ - \_\_\_\_



## PARENTAL CONSENT FOR DRUG TESTING OF A MINOR

I, \_\_\_\_\_, (parent/legal guardian) of the below  
named minor, authorize a drug test to be performed on:

Student's Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Student ID # \_\_\_\_\_

### REASON FOR TESTING:

- Random
- Reasonable Suspicion/Cause
- Other

### TESTING PANELS:

- 5-panel Rapid
- 10-panel Rapid
- 10-panel with Nicotine/Cotinine
- Nicotine/Cotinine ONLY

I, \_\_\_\_\_ (parent/legal guardian) am further requesting that the results of this test be reported to me and the Designated Representative of \_\_\_\_\_ (name of school).

Parent/Legal Guardian Phone: \_\_\_\_\_

Parent/Legal Guardian Email: \_\_\_\_\_

Name of Designated Representative: \_\_\_\_\_

Email of Designated Representative: \_\_\_\_\_

I hold harmless Elite Testing and Screening Services LLC. for the results of this drug test which I have requested.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date