



**CLIENT INSTRUCTIONS:**

To schedule a drug test, please email or fax this completed form to:

FAX: 803-256-9405

Email: [columbia@surescreenlabs.com](mailto:columbia@surescreenlabs.com) (you can take a picture of this form with your smart phone)

**\*\*\*\* NOTICE: Must have a Government issued "picture" ID prior to taking test \*\*\*\***

Once we receive this form, we will charge your credit/debit card and email you a registration number that will include the address of the collection site. Be sure to indicate what zip code you are located in below so we can find the nearest location for you. If you have any questions, please call 803-256-9535. NOTE: We are on the East Coast, so please keep timezone in mind as our hours are 8:30am-5pm est.

CLIENT NAME: Self Pay, HomeBase: Chardon Municipal Court

DONOR NAME & PHONE #: \_\_\_\_\_

DONOR EMAIL ADDRESS: \_\_\_\_\_

ZIP CODE WHERE THE DONOR IS LOCATED: \_\_\_\_\_

DATE TEST IS TO BE PERFORMED BY: \_\_\_\_\_

**9 Panel + EtG (Urine) \$55.00 - OBSERVED**

*Quest 30017174, test code 28494N*

**CREDIT, DEBIT/PrePaid CARD (Visa or MasterCard Only) / Please write neatly**

NUMBER: \_\_\_\_\_

EXP DATE: \_\_\_\_\_

3 DIGIT SEC CODE: \_\_\_\_\_

BILLING ADDRESS (complete) : \_\_\_\_\_

AMOUNT TO CHARGE: \$55.00

SIGNATURE: \_\_\_\_\_

**(Card Holder's Signature is Required) \*\*\*All Sales Final\*\*\* No Refunds for Missed Tests**

Would you like the credit card receipt emailed to you? (Indicate YES or NO): \_\_\_\_\_

\*I authorize my drug/alcohol results to be released via Email address to Chardon Municipal Court and its designated representatives: **[muniprobation@co.geauga.oh.us](mailto:muniprobation@co.geauga.oh.us)**

SIGNATURE: \_\_\_\_\_