

# Request for Testing

## Request for Anti-Drug Specimen Collection

Name of person to be tested \_\_\_\_\_

Type of Test: (select one)

Pre-Employment	Random	Periodic	Follow-up
Post Accident	Reasonable Cause		Return to Duty

### INFORMATION TO BE ENTERED ON THE CUSTODY AND CONTROL FORM BY COLLECTION SITE (IF NOT PREPRINTED)

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

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

City: \_\_\_\_\_ State / Prov: \_\_\_\_\_ ZIP: \_\_\_\_\_

Telephone # : \_\_\_\_\_ FAX : \_\_\_\_\_

Name: \_\_\_\_\_ Contact Number: \_\_\_\_\_

### TO THE COLLECTING / TESTING FACILITY

The specimen goes to PAML/PACLAB, 110 West Cliff Avenue, Spokane, WA 99220, Attn Toxicology Dept; If you do not have local PAML/PACLAB pick up, please use UPS (account number 9V33F5) or second choice is FedEx (account number #1110180446)

1. BILL TO: Washington Aviation Association, Inc.  
506 23rd NE  
Auburn, WA. 98002  
Phone 253-939-4273 or 1-888-329-1114 - FAX 253-931-0768

2. SEND M.R.O's COPY OF CCF FORM TO:  
Dr. Dee McGonigle  
Drug Free Business  
11511 NE 195th Street, #102  
Bothell, WA 98011  
866-448-0651 fax 425-489-0832

3. FAX a copy of the Custody & Control Form to:  
Washington Aviation Association,  
FAX # 253-931-0768

4. \*\*Mail "Company Copy" of the Custody & Control Form to Company Program Manager listed above.