

Client Request for Services - Broussard

Client Information		
Company Name]	Date
Canadan Dillian Address		
Company Billing Address		
City St	rate Z	Zip Code
Employee Name	Employee Last 4 SSN/ID#	
Testing Authorized By	Phone Number	
Send Results To	Email Address	
Seria Results 10	Liliali Address	
Project Number:	Phase Number:	
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Testing Location	7 704 0004	inia @watro manada a ma
☐ BROUSSARD 1028 Forum Drive, Broussard, LA 70518 PH: 337	7-704-0981 Fax: 337-74-0982 xmdcorporatecl	inic@xstrememd.com
Physical Exam Requested		
□ Annual / Periodic □ DOT / CDL Physical	□ Non-DOT Physical	
□ Pre-Employment Standard Non-Dot Physical □ Fit for Duty	☐ Company Specific Phys	
Medical records from treating facility/physician Company specifications / guidelines required 48 hours in required prior to exam advance for review prior to testing		
□ OGUK Physical □ USCG Physical	□ Other:	
Occupational Testing Procedures Required		
□ Audiometry □ Initial □ Retest □ Pre-Employment □ Respirator Fit Testing w/OSHA Resp. Questionnaire		
□ Blood Work Specify: □ Mask Type:		
☐ EKG w. Interpretation ☐ Fitness Assessment		
☐ Urinalysis / UA Dip ☐ Respirator Medical Clearance		
□ L-Spine X-Ray □ 3 View □ 2 View □ Pulmonary Function Test w/OSHA Resp. Questionnaire		
Urine Drug and Alcohol Collection: Applicant Must Bring Valid Photo ID		
Reason for Testing		
□ Pre-Employment □ Random □ Reasonable Cause	Post Accident □ Return to Duty	y □ Follow-up
☐ Site Access / Pre-Access ☐ Other:		
Drug Collection	Alcohol Co	ollection
□ Non-DOT UDS	□ DOT Saliva	(QED) Swab
☐ Hair Follicle	□ Non-DOT S	Saliva (QED) Swab
□ DOT UDS □ PHMSA □ USCG □	☐ FMCSA ☐ DOT BAT	
□ Rapid Urine Dip □ 10 Panel	☐ Non-DOT B	BAT
□ Customer Supplied Chain of Custody □	☐ Third Party Administrator	
☐ Use XMD Generic Chain of Custody (\$75.00)		
☐ 5 Panel UDS ☐ 9 Panel UDS ☐	□ 10 Panel UDS	
☐ Direct Observation		
□ Synthetic Drug Testing (Generic XMD CCF Codes) □ Synthetic Marijuana (30380N) □	Synthetic Stimulants (280N)	
COVID-19 Testing		
□ PCR □ Antigen		
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