

# DRUG TEST NOTICE

Employer Weakley County Finance Dept: \_\_\_\_\_

Employee Name/SSN: \_\_\_\_\_

REQUIRED TEST (S)    DOT/Non-DOT    Drug Test      
Breath Alcohol Test   
Physical   

Reason for Test:

Pre-employment     Random     Post-Accident     Return to Duty     Follow-Up

Collection Site: The Hamilton Ryker Co. Appt. Date: \_\_\_\_\_  
949 East Main St.  
Martin, TN 38237  
731-588-5632

DER Name and phone #: \_\_\_\_\_ ( ) \_\_\_\_\_

In compliance with your Drug Free Workplace Policy and the Drug Free Workplace Program you are asked to submit a test of your urine and your breath (when requested), for the presence of controlled substances or alcohol.

**Bring this notice with you to the collection site!**

- Please report promptly to the collection site listed above at the time indicated to provide a fresh urine specimen (and breath specimen when requested).
- You must bring photo identification with you.
- Allow approximately 30-60 minutes for the collection procedure(s).

**Certified Lab:** Kroll  
1111 Newton St.  
Gretna, LA 70053  
800-433-3823

**MRO:** Tyler Freeman  
1100 S. Mint St.  
Ste. 115  
Charlotte, NC 28203  
704-371-0171