



IBEW569

COLLECTION SITE LIST

QUEST ACCT-URINE: 11771552 / ORAL: 11840807

ESCREEN-URINE: 105845-0

THIS FORM IS ONLY FOR NATIONAL CITY, EL CENTRO & BRAWLEY LOCATIONS!

Name of Employee/Applicant: _____ Member ID _____
(Please Print Legibly)

Work Classification Journeyman Wireman Apprentice _____
(Other-Specify)

What type of test is this?

Initial/Program Implementation Random Post-Acc. Return To Work MAP Follow Up Periodic/Birthday

Test Authorized by:

Contractor _____
(company name) (name of authorizing individual)

Program Administrator _____ Elizabeth Martinez _____
(TELUS HEALTH)

Revised 06/03/2026

If you or the clinic have any questions or concerns, call 760-723-3056 for assistance.