



Drug Testing Authorization Form

This form is to be taken to All Lab & Drug Test, L.L.C. collection site by the employee.
Remember to have a government issued Photo ID available for identification at the testing site.
Test will not be able to be processed without a proper ID.

Company Name: SUNRISE TRANS LLC

Employee Name: _____

Reason for Test:

= Pre Employment

= Random

= Post Accident

= For Cause/ Suspicion

Collection Site:

All Lab & Drug Test L.L.C.

5064 E McDowell Rd.

Phoenix, AZ 85008

Phone: (480) 249-2071

Hours: M-F 8:00 AM – 8:00 PM

SAT: 9:00 AM – 6 PM

SUNDAY: CLOSED

Employer Contact Information:

Employer Signature: _____

Date: _____

Phone: 928-666-0734

Email: sunrisetrans.nm@gmail.com

***Results are for Employer only, DO NOT provide to Donor.
PLEASE DO NOT REPORT WITH SMALL CHILDREN, IF POSSIBLE.**