



2130 Watterson Trail Suite B

Louisville, KY 40299

Phone:(502)901-4560 Fax:(502)208-2155

HOURS: Monday-Friday 9-5

***Please make appointment and bring this authorization or forward to
Mark.E@fastestlabs.com***

Please check reason for testing:

☒ Pre-employment ☐ Random ☐ Post-Incident/Accident ☐ For Cause

☐ Return to Duty ☐ Follow-Up Testing ☐ Other _____

Company: Vivid Impact

DER: Scott Bruzek (502) 323-5345

Please check the tests to be administered:

- ☐ 12- Panel UA Rapid Drug Screen
- ☐ 10- Panel UA Rapid Drug Screen
- ☐ 5- Panel UA Rapid Drug Screen
- ☐ Breath Alcohol Test
- ☐ 10- Panel UA Lab Test
- ☐ 5- Panel UA Lab Test
- ☐ Synthetic Marijuana UA Rapid Drug Screen
- ☐ Other _____

I hereby consent to provide a specimen of my urine, saliva, nail, breath, DNA or other specimen to be tested for drugs, controlled substances and/or alcohol and will comply with the company procedures for providing the specimen. I understand that complying with this request is a condition for employment or continued employment.

I hereby release the company, its employees, agents, contractors and the Fas-Tes® franchisor/franchisee from any liability whatsoever arising from this request; my agreement to furnish a urine, saliva, nail, breath or other specimen; undergo a physical examination; undergo a direct observed test; the testing and reporting of my urine, saliva, nail, breath or other specimen test results; and the decisions based on the results of such testing and medical examinations, which concern my employment application or continued employment.

Authorized by: Carmen Jeter

Billing Dept.: _____

Date: _____

Employee Name: _____

SS#: _____

Employee Signature: _____

**This Authorization
Form will
Expire on**

12/31/2023

Date/ Time

REMEMBER TO BRING PHOTO ID WITH YOU