CLEARSTAR LOGISTICS **Client drug screen set-up form**

Client Information:

Client Name: Date: / /
Address(shipping address):
City: State: Zip:
Phone: Client Customer ID#:
Authorized to receive results: (list all names) 1. 2.
Ship forms to: _____BO _____Client _____Other
Please check only one Specimen type: _____Saliva _____Hair _____DOT (Must be urine) Non-DOT urine panel: _____5-Panel _____10-Panel _____Other _____
Do you have a lab preference: _____No _____Yes If so which:
How many forms would you like: _____25 _____50 _____100
Email address to contact if order is missing: