



Authorization Form

Date: _____

Employer Information:

Employer:

**Tri-Core Services
3865 Orleans Lane N
Plymouth, MN 55441**

Phone: **763-228-0259**

Email Results to: **Online Portal (diego@tri-coreservices.com)**

Designated Employee Rep (DER): Diego
Compos

Collection Site Information:

Any Lab Test Now
4345 Nathan Lane N
Suite G
Plymouth, MN 55442
Phone: 763-398-5117
Fax: 763-398-5116
Hours: M-F 8AM-6PM
SAT 9AM-1PM

Donor Information:

Name: _____

Test Information:

Reason for test (check one):

- Pre-Employment Random
 Post Accident Reasonable Cause
- 5 Panel Drug Screen
(THC, COC, PCP, OPI, AMP/M-AMP)

Important: Make sure you bring a valid government issue ID.

