



Donor Name: _____

Date of Service: _____

Clinic Location: _____

Supervisor Signature: _____

Employer Contact/ Phone Number: Michael Courtney, 740-593-1643

*Donor must be able to furnish photo ID

Company Paid X

The following test is requested:

SUBSTANCE TESTING

Drug Screen (urine)

Breath Alcohol

Reason:

Reasonable Suspicion

Collection Sites:

OhioHealth WorkHealth
(Castrop Center)
75 Hospital Drive, Suite 370
Athens, Ohio 45701
614-566-WORK (9675)
7 a.m. – 4 p.m., Monday – Friday

OhioHealth Urgent Care Athens
265 West Union Street, Suite A
Athens, Ohio 45701
740-594-2456
9 a.m. – 9 p.m., Monday – Thursday
9 a.m. – 6 p.m., Friday – Sunday

OhioHealth O’Bleness Hospital
Emergency Department
55 Hospital Drive
Athens, Ohio 45701
After 9 p.m., Monday-Thursday only
After 6 p.m., Friday – Sunday only