



ACA Student Application Request for Drug Testing Form

Please complete this form and instruct your applicant (the donor) to bring it with them to our collection site. Student is responsible for the cost of the test.

Name of Company Ordering Test: Arizona Cultural Academy & College Prep
Name of Person Ordering Test: Dr. Samah Bkhaitan, Principal
Phone # of Person Ordering Test: (602) 454-1222

Donor's Legal Name: _____

Donor's ID# or SSN: _____ DOB: _____

TYPE OF TEST REQUESTED:

<input type="checkbox"/> DOT Drug Test	<input type="checkbox"/> 5 Panel Instant	<input type="checkbox"/> Y 10 Panel Instant
<input type="checkbox"/> E-Cup	<input type="checkbox"/> X-Cup	<input type="checkbox"/> Hair Drug Test
<input type="checkbox"/> Oral / Saliva Drug Test	<input type="checkbox"/> Breath Alcohol	<input type="checkbox"/> Fingerprinting

REASON:

<input type="checkbox"/> Pre-Employment	<input type="checkbox"/> Random	<input type="checkbox"/> Reasonable Suspicion
<input type="checkbox"/> Post-Accident	<input type="checkbox"/> Student Admission	

Additional Notes/Requests: Please e-mail results to samah.bkhaitan@azacademy.org

9 | | DRUG TESTING

<p>2323 East Magnolia St #116 Phoenix AZ 85034 623-227-2027 24th Street and Magnolia</p> <p>Mon-Fri 8am to 5pm Walk-Ins Welcome – Bring</p>

<p>7802 N 43rd Avenue Unit #1 Glendale AZ 85031 480-681-0400 43rd Avenue and Northern</p> <p>Mon-Fri 10am to 6pm Walk-Ins Welcome – Bring</p>
