

# Contractor's Supplies, Inc.

Donor/Employee Name: \_\_\_\_\_ Date: \_\_\_\_\_

ID #: \_\_\_\_\_ (FOR DOT, USE Texas CDL#)

**VISIT [CSConcrete.com/DOT](http://CSConcrete.com/DOT) TO DETERMINE PROPER LEVEL OF TESTING**

**DOT TESTING:**

*Testing Authority*

*FMCSA*

☐ DOT Drug Screen (Federal Alere CCF Acct Z00465431)

☐ DOT Breath Alcohol Test

**NON-DOT TESTING:**

☐ Drug Screen (Alere CCF Acct 00465432, panel 1200)

☐ Non-DOT Breath Alcohol Test

**Reason for Treatment:**

☐ Pre-employment

☐ Reasonable suspicion

☐ Follow up

☐ Post-accident

☐ Return to duty

☐ Periodic

**Treatment authorized by:**

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Signature

**Fax or email EMPLOYER COPY  
of all drug and alcohol CCFs to:**

Contractor's Supplies, Inc.

Attn: Teri Moye, DER

Phone: 936-634-3341, x7075

Fax: 936-634-3363

Mobile: 936-676-6581

Email: [teri@csconcrete.com](mailto:teri@csconcrete.com)

**Fax MRO COPY**

**of all drug and alcohol CCFs to:**

Dr. Brian N. Heinen (MRO)

Fax: 913-752-3148

**AND**

East Texas Drug Testing

Fax: 936-639-5064

**Bill all drug/alcohol testing services to:**

East Texas Drug Testing

1302 S. Medford Dr.

Phone: 936-639-1502

Fax: 936-639-5064

Email: [info@etdt.net](mailto:info@etdt.net)

*As the TPA, East Texas Drug Testing must receive copies of all testing. Invoices should include name of company, date of service, individual(s) tested, test(s) performed, and any specimen ID number(s). We will be unable to process invoices without proper documentation.*

*To re-order supplies, call 936-639-1502.*