WCISAP: WASHINGTON CONSTRUCTION INDUSTRY SUBSTANCE ABUSE PROGRAM
TEST AUTHORIZATION and FAX FORM

Collectors - See Instructions Below in Section 2!

Attention: Participating Employers

Use this form only when testing the following employees for WCISAP: **Carpenters, Cement Masons, Laborers, Plumbers & Pipefitters, and Non-Bargaining Staff of WCISAP Employers**

Complete Section 1 below. Employees must report to a WCISAP authorized collection site and present this document upon arrival at the facility. Contact your WCISAP Designated Employer Representative for a list of approved collection sites or log on to www.wcisap.com.

SECTION 1: TEST INFORMATION (MUST BE COMPLETED!)

To receive WCISAP card and reimbursement check*, we must have employee's address & Social Security Number

Employee Name (please print) | **Employer Name (please print)** | **Employer Phone Number**

Employee Social Security Number | **Supervisor's Name**

Employee Address (Street) | **(City)** | **(State)** | **(Zip)**

Employee Type:

☐ Bargaining Unit Employee (Acct. No. 76756) ☐ Non-Bargaining Unit Employee (Acct. No. 76757)

☐ Carpenter ☐ Laborer

☐ Cement Mason ☐ Plumber/Pipefitter *Local 32 members test on company time-no reimbursement check issued.

Test Type:

☐ Pre-Program ☐ Post-Accident** ☐ Reasonable Suspicion**

**** POST-ACCIDENT AND REASONABLE SUSPICION TESTS REQUIRE A BREATH ALCOHOL TEST.** The employee must report to a collection site that offers this type of test. Note: Necessary medical attention should always be provided before testing an employee for drugs or alcohol. If an employee is suspected to be under the influence of drugs or alcohol, the employer must accompany the employee to the collection site and arrange for transportation to their home. Complete the Post-Accident/Reasonable Suspicion Documentation Form (Tab 1) and retain a copy of it for your files. A copy of this form is not required by the collection site.

SECTION 2: COLLECTION SITE INSTRUCTIONS

IMPORTANT INFORMATION: **1. WRITE EMPLOYER NAME IN LOCATION FIELD ON CHAIN OF CUSTODY**

2. WHEN COLLECTION IS COMPLETE, FAX THIS FORM, & EBT RESULTS (if applicable) TO (206) 441-3009

3. SEND INVOICE TO HEALTHFORCE PARTNERS, NOT TO EMPLOYER

Name of Laboratory:	LabCorp	
Account Name:	WCISAP	
Account Number:	Bargaining Unit Employee: **76756**	Non-Bargaining Unit Employee*:* **76757**
Test Profiles:	Pre-Program:	Default
	Post-Accident, Reasonable Suspicion:	Default plus Breath Alcohol Test
Special Requirements:	Split Specimen	