



# Oswego Hospital

An Affiliate of Oswego Health

PLEASE USE THIS FORM IF YOU NEED TO ACCESS OUR SERVICES **AFTER HOURS.**

**Go to the Oswego Hospital Emergency Room and ask for the lab to be called**

## Oswego Hospital Consortium

Company \_\_\_\_\_

Date \_\_\_\_\_

Employee Name \_\_\_\_\_

### ***Federal D.O.T. testing***

### **Non D.O.T. testing (company policy)**

\_\_\_ *Pre employment testing*

\_\_\_ *Pre employment*

\_\_\_ *Random*

\_\_\_ *Random*

\_\_\_ *Post Accident*

\_\_\_ *Post accident*

\_\_\_ *Reasonable Suspicion*

\_\_\_ *Reasonable Suspicion*

### **Testing required:**

\_\_\_ Urine Drug Screen

\_\_\_ Breath Alcohol Test

\_\_\_ Both

### **Attn Lab:**

**\*\*\*Please use Medtox chain of custody forms**

**with Dr. Carlos Dator as MRO\*\*\***