



Division of Human Resources
Anti-Drug Program

Donor Name: _____ Social Security No.: _____

Work Location: _____ Transportation Department

- Covered Employee (DOT) Drug Test
- Non-Covered (Non-DOT) Alcohol & Breath Test
- Alcohol Test – Blood

Type of Test:

- Pre-Employment Return to Duty
- Reasonable Suspicion Random
- Post Accident Follow-Up

You must report for a drug/alcohol test no later than:

Date: _____ Time: _____ a.m./p.m.

- Place: Quest Diagnostics (825 NW 23 Avenue, Unit 2, Gainesville, FL 32605; Telephone: 352-372-0609)
- Carespot (720 SW 2 Avenue, Suite 160A, Gainesville, FL 32601; Telephone: 352-240-8000)
- Transportation Department (Hawthorne Road, Gainesville, FL)

**YOU MUST HAVE A PHOTO ID AND THIS COMPLETED FORM
TO PRESENT TO THE TESTING SITE PERSONNEL.**

This Notification Has Been Presented

Date: _____ Time: _____ a.m./p.m.

Signature of Supervisor *Signature of Employee/Donor*