Missouri Department of SOCIAL SERVICES
Your Potential. Our Support.

REFERRAL FOR DRUG TESTING SERVICES

Children's Division

CHILDREN'S DIVISION:			
Case Manager	County	Account Number S4D.DSCD.REF1	"Child's Div #" (CD FIPS code)
Receive Results by (select one): ☐ Email ☐ FAX	Email Address	Fax Number	Phone Number

CLIENT BEING REFERRED:				
Name	☐ Male ☐ Female	Date of Birth	DCN	Phone Number

SERVICE PROVIDER INSTRUCTIONS:	
Collection Location:	☐ Clinic ☐ Mobile Collection Unit (fax referral directly to Guardian at 866-826-0634 to schedule) ☐ Other: ______________________________
Service Requested:	☐ 5-Panel Drug Screen [Amphetamines/Methamphetamines, Marijuana, Cocaine, Opiates, Phencyclidine (PCP)] ☐ 9-Panel Drug Screen [Benzodiazepines, Marijuana, Amphetamines, Phencyclidine (PCP), Barbiturates, Methadone, Cocaine, Opiates, Methamphetamines (Ecstasy)] ☐ Provide drug testing information material to client

SIGNATURES:	
Case Manager Signature	Date

***** CLINIC USE ONLY*****

Acceptable Forms of ID for Testing:

- Driver's license issued by State, with a photograph; or
- Photo identification card issued by federal, state, or local government

_____ Test was completed on _____/____/20______

_____ Donor did not arrive for testing by assigned date.

_____ Donor refused testing on _____/____/20______

_____ Donor did not have photo ID and test could not be performed on _____/____/20______

_____ Other: ____

Signature of Collector ____

PLEASE COMPLETE AND FAX TO TOLL FREE: 866-826-0634

If you have any questions please contact Guardian Medical Logistics at 1-800-582-8807 ext. 242