



10 Panel Drug Screen (Urine) Hair Follicle Request Form

Negative results are available in 24 hours. Positive Confirmations are available 48-72 hours after submission to Quest Laboratories.

REFERRAL INFORMATION

County Name:		Client's Name:	
Client's Name:		Case #:	

DFCS Referring Case Mgr:		Ph:	
DFCS Supervisor Name:		Ph:	

Drug Screen to be Completed on:		Ph:	
Address:			
City/State:			
Zip Code:			
Relation to Case:			

Date Needed:	
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Urine Drug Screen Hair Follicle/:	
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Please indicate which procedure you are requesting (Hair Follicle/ Urine)

Additional Comments:	
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Case Mgr Signature:		Referral Date:	
Supervisor Signature:		Date:	
Approving Authority Signature if Applicable:		Date:	

Please fill out this form and email to contactus@pathwaytohopecounseling.com or fax to 866-484-8285 and someone from our office will contact you within 24 hours.