



Aeon Technologies' State of Maryland Drug Specimen Collection Request Form

ATR/Requestor Contact Information (*Denotes Required Response)

Name*: _____ Email*: _____

Signature*: _____ Date*: _____

Specimen Collection Request Details
(Reminder Cancel Prior to 24 Hours to Avoid 50% Charge)

1. Enter Agency Name*: _____

2. Enter Agency Code*: _____

3. Enter Collection Site Name and Address*: _____

4. Enter Collection Site Code*: _____

5. Select Collection Type (Choose 1)* : 1-3, 4-9, 10+, 4 hour block (25 persons max)
 8 hour block (50 persons max), DPSCS/MSP 8 hour block plus 60 minutes

6. First Option Date*: _____

7. Preferred Time for First Option (XX:XX am or pm)*: _____

8. Second Option Date*: _____

9. Preferred Time for Second Option (XX:XX am or pm)*: _____

10. Enter ATR Name*: _____

11. Enter ATR Email Address*: _____

12. Enter ATR phone Number*: _____

13. Comments: _____

Aeon Technologies, LLC Contact Information

Monday-Friday 8:30 am to 5:00 pm Standard/ Emergency 24/7

Primary POC: Brenda Jackson Contact: 240.284.2460, bjackson@aeontechlabs.com

Alternate POC: Kimberly Brown Contact: 240.284.2004, kabrown@aeontechlabs.com

After Hours/Emergency Phone: 240.549.6977

For Internal Use Only: Schedule Confirmation

Approved Date: _____ Approved Time: _____
Scheduler Signature: _____