

Toxicology Travel Site Request Form

Please remember that we will need at least 2 weeks' notice in order to accommodate your requests. If we are unable to find a test site within 20 miles of the zip code provided, this form will be forwarded to your Agreement Monitor for other possible options.

HPSP account #: _____

Phone# _____

Email _____

Dates of Travel: _____

Zip Code(s) _____

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Zip Code(s) _____

Please fax this form to: 503.961.7142 or Email to: Hpsp@reliantbh.com