

STATE OF MISSOURI

Petitioner/Plaintiff,
vs.

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)
)
)

Cause No. _____

Div. No. _____

Respondent/Defendant

ORDER FOR TESTING

It is hereby ordered that: Petitioner/Plaintiff _____
 Respondent/Defendant _____
 Other _____

Shall have testing conducted at: Asure Test, Inc.
2101 Collier Corporate Parkway
St. Charles, MO 63303
Phone: 636-916-0050
Fax: 636-916-5471

Hours of Collection: M-F 9:00 am to 4:00 pm
(on-site and after hours available by special appointment)

A picture ID is required at the time of collection

Asure Test, Inc. is hereby ordered to release the results and other information, if requested, concerning the testing of the above named individual(s) to the parties listed below or their agents regardless of whether the aforesaid individual(s) authorize or do not authorize Asure Test, Inc. to do so. Results shall be faxed and /or sent by regular mail unless otherwise indicated.

Phone: _____ Phone: _____ Phone: _____

Please indicate which method you wish to receive results:

Faxed Emailed Mailed

Faxed Emailed Mailed

Faxed Emailed Mailed

Fax: _____ Fax: _____ Fax: _____

Email: _____ Email: _____ Email: _____

Attorney for Petitioner/Plaintiff Attorney for Respondent/Defendant GAL Other _____
 Attorney for Petitioner/Plaintiff Attorney for Respondent/Defendant GAL Other _____
 Attorney for Petitioner/Plaintiff Attorney for Respondent/Defendant GAL Other _____

Notes: _____

Parties shall not alter his/her hair, fingernails, or toenails in any way prior to the collection of his/her test(s).

E-mail communications are not a secure method of communication, E-mail that is sent to you, or by you, may be copied, accessed or otherwise intercepted by third parties. By agreeing to receive e-mail communications as set forth above, you acknowledge these risks.

