

INDUSTRY DIRECTORY

www.drugtesting.org.au – www.drugtesting.org.nz

Company Name

SERVICES

Specimen Collection ☐

On-site (PoC) Testing ☐

AOD Testing Courses ☐

Policy Development ☐

Awareness/Education ☐

EAP & Counselling ☐

Detox & Rehabilitation ☐

LABORATORY TESTS

	Screening	Confirmatory
Urine	<input type="checkbox"/>	<input type="checkbox"/>
Oral	<input type="checkbox"/>	<input type="checkbox"/>
Sweat	<input type="checkbox"/>	<input type="checkbox"/>
Hair	<input type="checkbox"/>	<input type="checkbox"/>
Blood	<input type="checkbox"/>	<input type="checkbox"/>
Drinks	<input type="checkbox"/>	<input type="checkbox"/>

ON-SITE TESTS

	Single Use	Instrumented
Urine	<input type="checkbox"/>	<input type="checkbox"/>
Oral	<input type="checkbox"/>	<input type="checkbox"/>
Sweat	<input type="checkbox"/>	<input type="checkbox"/>
Hair	<input type="checkbox"/>	<input type="checkbox"/>
Breath	<input type="checkbox"/>	<input type="checkbox"/>
Drinks	<input type="checkbox"/>	<input type="checkbox"/>

List of brand names of testing kits and devices being marketed.

Approx. 200 words highlighting your company's strength and specialities, profiling your organisation and presenting your products, services, prices, policies, accreditations, customer references, turnover etc.

Company:	<input type="text"/>	Contact:	<input type="text"/>
Address:	<input type="text"/>	Mobile:	<input type="text"/>
Email:	<input type="text"/>	Tel:	<input type="text"/>
Website:	<input type="text"/>	Fax:	<input type="text"/>
Signed:	<input type="text"/>	Date:	<input type="text"/>

Before you email us the completed form, you must PRINT a copy – on your own letterhead – which is to be signed by the above contact person and faxed to us on (02) 9555 9244 (keep the original for your own records). Then click SUBMIT. Your application form will not be listed in our Industry Directory before we are in receipt of your fax **and** email. Thank you.