



ST. LUCIE COUNTY DRUG SCREENING LAB

REFERRAL IRSC FIRE Academy

DATE: _____ TIME: _____ AM/PM

This letter is to inform you that you have been requested to take a drug screen test. You are to report to the St. Lucie County Drug Screening Lab for a urinalysis. **Please bring this letter, fee and a photo ID with you to the St. Lucie County Drug Screening Lab.** Failure to take this test **within 24 hours of the requested date and time** may be considered a positive drug screen. Please bring a list of any prescriptions or bottles of medication you are currently taking with you.

REPORT TO:

St. Lucie County Drug Screening Lab Courthouse, 218 South 2nd Street
Ft. Pierce, FL 34950
Mon – Thurs 8am-4:15pm
Fri 8am-3:45pm

Directions to Courthouse from south locations:

US1 north to Citrus Ave, right on Citrus Ave, left on 2nd St.

Directions to Courthouse from north locations:

US1 south to Orange Ave, left on Orange Ave, right on 2nd St.

Directions to Courthouse from I95

Okeechobee Rd east, bear left to stay on Okeechobee Rd. Continue to US1, make left and immediate right on Citrus Ave., left on 2nd St.

Client/Participant: _____

DOB: ____/____/____ SSN (last 4 digits): _____ Zip Code: _____

IRSC Police Academy is referring the above-named participant to the St. Lucie County Drug Screening Lab so that a drug test can be administered. It is understood that the test results will be shared with the IRSC Police Academy agent. It has also been explained to the participant that this test will be an unobserved test unless otherwise informed.

Drug Test to be performed:

Observed Drug Screen (Cocaine, Barbiturates, Benzodiazepine, Opiates, Oxycodone, Amphetamine, Methadone, EtG,- PLUS CONTROLS)

Positive tests may be further analyzed by an independent lab by request.