

## Project SAFE – DCF Request for Additional Drug Testing

Date: \_\_\_\_\_

CLIENT NAME: \_\_\_\_\_ DOB: \_\_\_\_\_ ABH ID#: \_\_\_\_\_

Project SAFE Provider: \_\_\_\_\_

Reason for request: \_\_\_\_\_

How information will be used: \_\_\_\_\_

**Note:** There must be a Project SAFE referral for a Drug Screen(s) – Instant made prior to the request for additional drug testing. Project SAFE Referral Line – 1-800-272-0097

Type of Drug Screen Authorized specify substance(s)	# units authorized	Start Date	End Date
Benzodiazepines			
Extended Opiates			
Other (specify)			

AUTHORIZED BY: \_\_\_\_\_ - DCF SAS or BHPD

**Fax a copy of this request to:**

Sharron Janowski, Project SAFE Claims Coordinator Fax # 860-638-5302

**If you have any questions regarding this request, please contact:**

Sharron Janowski, Project SAFE Claims Coordinator Tel. 860-704-6144.