



AFFIDAVIT OF APPEARANCE FOR TESTING

_____ (Donor's name)

Collection site and address:

Concentra – Aurora Southeast
10355 E Iliff Avenue
Aurora, CO 80247
Phone: (303) 755-4955
Fax: (303) 755-4956
Urgent Care Hours of Operation:
8:00 am - 5:00 pm (Mon. - Fri.)

Date sent: _____

Time sent: _____

Method of Transportation: _____

Payment for Concentra Services: Platt College has provided authorization for payment of drug/alcohol testing services at this Concentra location.

Signature of designated Platt College Administrator: _____

Date: _____ **Time:** _____

Title: _____

Signature of Concentra Collector: _____

Date _____ **Time** _____