



**ILLINOIS VALLEY
COMMUNITY COLLEGE**

815 N. Orlando Smith Avenue
Oglesby, IL 61348-2720
Telephone: 815-224-2720
Fax: 815-224-3033

Date: _____

Examiner: Please render services to:

Students Name (Print): _____

Request: IVCC – Nursing Assistant Program (ALH-1214)

Required Test: 10 Panel Drug Screen

If you are on a medication that may result in a “non-negative” screen you may want to request a “drug send out” screen.

Student signature: _____

Please fax or email results to: Fax: 815-224-0486, or email to:
christine_blaydes@ivcc.edu

Dear Examiner,

Please return the completed original physical form to the student. The only results that we are requesting to be faxed or emailed to us is the 10-panel drug screen.

Thank you.