



Southeast Tech requires drug screens for all students entering programs in the Health and Human Services programs. This is to ensure a safe clinical or practicum environment for both students and the public and to meet the contractual requirements of area healthcare facilities. You can use any facility of your choice to do the drug test, as long as the results are sent directly to Southeast Tech. For your convenience, here are some options in Sioux Falls and one for Brookings.

- This is a self-pay drug test.
- Drink no more than 40 oz of water within a three-hour period prior to the testing.
- Bring a photo ID with you.
- Choose any facility in your area that can do a Non-DOT 5 panel drug test.

**Any Lab Test Now**  
 6701 S Louise Ave  
 Sioux Falls, SD 57108  
 605-271-5757  
 Hours: Mon-Fri 7:30am–4:30pm  
 Cost: \$25  
 (Hep B, and TB also available)

**Any Lab Test Now**  
 2709 E. 26<sup>th</sup> St.  
 Sioux Falls, SD 57103  
 605-937-8209  
 Hours: Mon-Fri 7:30am–4:30pm  
 Cost: \$25  
 (Hep B and TB also available)

**HEALTHworks – Avera Health**  
 4928 N Cliff Ave  
 Sioux Falls, SD 57104  
 605-322-5100  
 Hours: Mon-Fri 8am – 5pm  
 Cost: \$50

**Sanford Clinic – Occupational Medicine**  
 900 E 54<sup>th</sup> St North  
 Sioux Falls, SD 57104  
 605-328-9300  
 Hours: Mon-Fri 7am – 5pm  
 Cost: \$44

**Test Point Medical**  
 2221 W Russell Ave  
 Sioux Falls, SD 57104  
 605-728-5999  
 Hours: Mon-Fri 7am – 5pm  
 Cost: \$25

**Workforce Occupational Health Services**  
 5027 S Bur Oak Place  
 Sioux Falls, SD 57108  
 605-271-9000  
 Hours: Mon-Fri 8am – 5pm  
 Cost: \$25

**TestPointMedical/AnyLabTestNow Brookings**  
 3405 6<sup>th</sup> Street  
 Brookings, SD 57006  
 605-693-3216  
 Hours: Mon-Thurs 8am-5 pm  
 Fri 8am-2pm  
 Cost: \$25

I authorize \_\_\_\_\_ to mail/fax/scan the drug screen results to the following address:  
 (Testing Facility)

**Southeast Tech**  
**Attn: Clorinda Beitelspacher**  
**2320 N Career Ave**  
**Sioux Falls, SD 57107**  
**Fax: 605-367-6108** Direct line: 605-367-4735  
**Scan: Clorinda.beitelspacher@southeasttech.edu**

Donor's Name (printed): \_\_\_\_\_  
 First name MI Last name

Donor's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Student ID#: \_\_\_\_\_

Program: \_\_\_\_\_