



Southeast Tech requires drug screens for all students entering programs in the Health, Law Enforcement, Early Childhood, and Veterinary programs. This is to ensure a safe clinical, practicum, internship environment for both students and the public and to meet the contractual requirements of area facilities and to meet the employability needs of the industry. 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, Brookings, and Watertown.

- 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
2709 E. 26th 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
2100 S Marion Rd
Sioux Falls, SD 57106
605-322-5100
Hours: Mon-Fri 8am – 5pm
Cost: \$50

Sanford Clinic – Occupational Medicine
900 E 54th St North
Sioux Falls, SD 57104
605-328-9300
Hours: Mon-Fri 7am – 5pm
Cost: \$45

Any Lab Test Now
6701 S Louise Ave
Sioux Falls, SD 57108
605-271-5757
Hours: Mon-Fri 7:00am-4:30pm
Cost: \$25
(Hep B, and TB also available)

Workforce Occupational Health Services
4928 N. Cliff Ave.
Sioux Falls, SD 57104
605-444-8820
Hours: Mon-Fri 8am – 5pm
Cost: \$25

Orion Workforce Surety LLC
17 S Broadway
Watertown, SD 57201
605-753-0972
Hours: Mon-Fri 9:00am-4:30pm
Cost: 8 panel \$35.00

TestPointMedical/AnyLabTestNow Brookings
3405 6th 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:
(Testing Facility)

Southeast Tech Attn: April Bladow
2320 N Career Ave
Sioux Falls, SD 57107

Fax: 605-367-6108 Direct line: 605-367-4735 Scan: April.Bladow@southeasttech.edu

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

Donor's Signature: _____ Date: _____

Student ID#: _____

Program: _____