



Form Completed By: _____

Date: _____

Company Information:

Official company Name (Please include LLC, Inc. ECT): _____

Address: _____

Company Website: _____

Industry Type: _____

Number of Employees: _____

Billing Phone: _____ Billing Fax: _____

Do you have a current Drug Test Policy, if so will you provide a copy for review?

Primary Point of Contact:

(Eligible to Receive Test Results)

Name: _____

Phone Number: _____

Job Title: _____

Email address: _____

Secondary Point of Contact:

(Eligible to Receive Test Results)

Name: _____

Phone Number: _____

Job Title: _____

Email address: _____

Billing Information:

Primary Billing Contact Name and Title: _____

Billing Address: _____

Billing Phone: _____ Billing Fax: _____

Industry Type: _____

Comments:



Type of Screening:

DOT

Federal Chain of Custody (Split - 5 Panel) -----
DOT Breath Alcohol -----

Non-Federal

Non-Federal 5 Part Chain of Custody (Split - 5 Panel) -----
Non-Federal 3 Part Chain of Custody (Single) -----
Non-Federal Hair test with Chain of Custody -----
Non-Federal Employee Breath Alcohol -----
Instant Drug Screen Panel -----
Confirmation -----

Substances to Test For:

| | |
|-----------------|------------------|
| *Amphetamines | *Cocaine |
| Alcohol | Methamphetamines |
| Barbituates | *Opiates |
| Benzodiazepenes | Oxycodone |
| *Marijuana | *PCP |

***Mandatory for D.O.T. Regulated CDL Holders**

Required Forms of Testing

Urine drug testing
Oral fluid drug testing
Hair drug testing
Instant drug testing

Other Services

Medical Review Officer Service -----
On-site collection (Per Donor) (Pre-scheduled, Minimum of Five Donors) -----
After Hours Collection (Maximum 2 Hour Response) -----
Collection Per Donor -----
Policy Assessment and Development -----
Professional Consultation Services -----
Employee Training and Education -----
Collection Training- DOT Breath Alcohol NON-DOT Employee Collection Oral Fluid Collection -----
Results for Reporting (LIS System Phoenix) -----
DOT Randomization Testing -----

Special instructions regarding reporting:

Additional Client Information