

Client \_\_\_\_\_

Office	Billing	Shipping
Name _____	Name _____	Name _____
Phone _____	Phone _____	Phone _____
Ext _____	Ext _____	Ext _____
Fax _____	Fax _____	Fax _____
Email _____	Email _____	Email _____
Address1 _____	Address1 _____	Address1 _____
Address2 _____	Address2 _____	Address2 _____
City _____	City _____	City _____
Country _____	Country _____	Country _____
State _____	State _____	State _____
Zip _____	Zip _____	Zip _____

Share this address

**Authorized Regulatory Agencies :**

- FMCSA  
  FAA  
  FRA  
  FTA  
  USCG  
  PHMSA  
  HHS  
  NRC

**DOT Tests** **non-DOT Tests**

DOT Tests	Lab Based	POCT
<input type="checkbox"/> DOT urine collection for drug test	<input type="checkbox"/> 5 PANEL STANDARD (1200)	<input type="checkbox"/> Breath alcohol test
<input type="checkbox"/> DOT breath alcohol test	<input type="checkbox"/> 7 PANEL STANDARD (1203)	<input type="checkbox"/> Lab-based urine collection for drug test
	<input type="checkbox"/> 10 PANEL STANDARD (1204)	<input type="checkbox"/> eScreen eCup instant test
	<input type="checkbox"/> 9 PANEL STANDARD (1205)	<input type="checkbox"/> Oral fluid collection for drug test
	<input type="checkbox"/> 9DSP/EXP OPI2000/UALC/PHN (1207)	<input type="checkbox"/> mCup 5A on site drug test
	<input type="checkbox"/> 10DSP/EXP OPI2000/UALC/PHN (1208)	<input type="checkbox"/> mCup 10A on site drug test
	<input type="checkbox"/> 5DSP/EXP OPI2000/PHN (1365)	<input type="checkbox"/> mCup 11A on site drug test
	<input type="checkbox"/> 5DSP/EXP OPI2000/UALC/PHN (1380)	
	<input type="checkbox"/> 7DSP/EXP OPI2000/UALC/PHN (1384)	
	<input type="checkbox"/> 5DSP/K2/PHN (1444)	
	<input type="checkbox"/> 9DSP/EXP OPI2000/K2/PHN (1448)	
	<input type="checkbox"/> 10DSP/EXP OPI2000/K2/PHN (1455)	
	<input type="checkbox"/> HHS DOT Mirror (3499) Additional Fees Apply	
	<input type="checkbox"/> SYNTHETIC THC (912)	
	<input type="checkbox"/> Bath Salts (922)	
	<input type="checkbox"/> COPAT/EXP OPI/ETG for Schools/Non-Workplace (922)	

Redwood Steroid Panel (936)

Oral fluid 5 panel (514)

Oral Fluid 9 Panel (1509)

Reporting Methods :

None

Autofax : \_\_\_\_\_

Automated Voice Response (AVR)

Web Reporting

Allow Random?

Yes

No

Reporting Options :

Report Positives

Display Positive Drug Names

Display Drugs Tested

Special Notes :

Clients Internal Account # :

\_\_\_\_\_  
\_\_\_\_\_

Client Exception Actions :

Exception	Pick an option...
Invalid temperature	<input type="checkbox"/> Send sample to lab <input type="checkbox"/> Discard sample and recollect unobserved <input type="checkbox"/> Discard sample and recollect observed <input type="checkbox"/> Seal and document first sample; recollect unobserved and send both samples to lab <input type="checkbox"/> Seal and document first sample; recollect observed and send both samples to lab <input type="checkbox"/> Notify company contact for instructions <input type="checkbox"/> Refer to employer instructions. If none are available, refer to local and state guidelines.
Suspect adulteration (visible cues)	<input type="checkbox"/> Send sample to lab <input type="checkbox"/> Discard sample and recollect unobserved <input type="checkbox"/> Discard sample and recollect observed <input type="checkbox"/> Seal and document first sample; recollect unobserved and send both samples to lab <input type="checkbox"/> Seal and document first sample; recollect observed and send both samples to lab <input type="checkbox"/> Notify company contact for instructions <input type="checkbox"/> Refer to employer instructions. If none are available, refer to local and state guidelines.
Shy bladder	<input type="checkbox"/> Notify company contact. Offer donor 40 oz. liquid for up to three hours until sufficient quantity is obtained (45 mL). If sufficient qty is not given, notify company contact and refer donor immediately to MRO to schedule medical evaluation. <input type="checkbox"/> Dismiss donor and notify company contact <input type="checkbox"/> Dismiss donor

- Notify company contact for instructions
- Offer donor 40 oz. liquid for up to three hours until sufficient quantity is obtained (45 mL).
- Refer to employer instructions. If none are available, refer to local and state guidelines.

Donor has up to 3 hours to provide a sufficient specimen and must remain at the site. Instruct the donor to drink fluids (volume not exceeding 40 ounces of fluid within the 3 hours). Collector is required to document the time at which the three-hour period begins, ends and each attempt made. If the donor is unable to provide during the 3 hour allowance the collection must be completed as a shy bladder.

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No positive identification of donor

- Contact company requesting a representative proceed to collection site for appropriate identification
- Dismiss donor to retrieve proper ID and notify company contact
- Dismiss donor
- Notify company contact for instructions
- Refer to employer instructions. If none are available, refer to local and state guidelines.
- Contact the DER to verify the identity of the donor

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Donor refused to take test.

- Please remove the Donor from the waiting list.

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Donor returned too late

- Please explain to the donor it is too late to read the test. A new test may need to be scheduled.