

(Please review the following and complete the necessary information to finalize your Company protocol)

Company Name:

Address:

Authorized Company Name and Contact Information: (Please add or change contact information)

Primary: Office Phone: Cell:

Email: Address:

Secondary: Office Phone: Cell:

Email Address:

Fax: Secure? Yes / No - Call before faxing **(Circle One)**

Discharge and Reporting of Results Special Instructions: (Check appropriate box)

Fax results

Send results with employee to return to company representative

Mail results to company:

Address: Attn:

Billing Representative Name, Address and Contact Information:

Contact Name: Address:

Phone:

Fax:

Email:

Clinical and Medical Provider Special Instructions:

Drug Screens: (Check appropriate box)

If instant pre-employment drug screen, stop process and contact company for further direction.

If instant pre-employment drug screen, stop process and send out for confirmation per company policy.

If DOT(NIDA 5) / Non-DOT (Non-Nida 5), Use Taylor Made Diagnostic's lab and MRO

Use Employer designated Lab and MRO (Please provide supply of chain of custody information or send with employee to each visit)

Workers Compensation:

Post Accident Drug Screen / Breath Alcohol and Always / Only upon request / Never required.

Note: If instant drug screen is non-negative we will automatically send out for confirmation.

Workers Compensation contact, reporting and billing information the same as of above? If not, please provide:

Additional Instructions: