



Analyzed Drug Testing

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www.analyzeddrugtesting.com

NEW ACCOUNT SET- UP

COMPANY NAME: _____

BUSINESS ADDRESS: _____

MAILING ADDRESS: _____

PHONE #: _____ FAX #: _____

DER NAME: _____ PHONE #: _____

(DESIGNATED EMPLOYER REPRESENTATIVE)

EMAIL: _____

COMPANY-SELECTED LABORATORY: CRL Quest LabCorp Alere
 Medtox Psychemedics Other _____

LAB ACCOUNT NUMBERS: DOT _____ NON-DOT _____

TPA: _____ PHONE #: _____

(THIRD PARTY ADMINISTRATOR)

COMPANY DIRECTIVE FOR TEST "BILL TO" (check all that apply)

	<u>Direct to Company</u>	<u>Third Party</u>
Lab Urinalysis (UA)	<input type="checkbox"/>	<input type="checkbox"/>
Breath Alcohol Test (BAT)	<input type="checkbox"/>	<input type="checkbox"/>
Instant Urinalysis	<input type="checkbox"/>	<input type="checkbox"/>
Hair Analysis	<input type="checkbox"/>	<input type="checkbox"/>
Physical Examination	<input type="checkbox"/>	<input type="checkbox"/>
Background Investigation	<input type="checkbox"/>	<input type="checkbox"/>

Please indicate how you prefer to have the following correspondence sent to you.
(Provide information to receive the following.)

	<u>EMAIL</u>	<u>FAX</u>	<u>US POSTAL</u>
Employer Copy of CCF:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Test Results:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Invoices:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

NOTE DONOR MUST COME IN WITH AN AUTHORIZATION FORM TO RECEIVE SERVICES; OR THE AUTHORIZED PERSON CAN SEND THIS AUTHORIZATION FORM VIA EMAIL TO....

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