



Daily Call in Number is: 760-770-6068

DAILY CALL-IN/RANDOM TESTING PROGRAM

- Donor refers to the person being tested -

DONOR's Full Legal Name:

Donor's Date of Birth:

DONOR's Driver's License/ID Number:

CDL Issuing State:

Daily Call-Ins shall begin at 8AM on:

Call-Ins ending at 4PM on this date:

What is the full legal name of the "Program Manager"(person getting results):

Confidential Program Manager's E-Mail Address:

FULL MAILING ADDRESS (Include City, State & Zip):

Buyer & Donor Acknowledgement/Purchase Agreement

Check all boxes that the Donor & Buyer (Program Manager) agrees to, as a condition of enrollment

Donor
Agrees? Manager
Agrees?

Donor agrees to report on time for all scheduled testing appointments, without fail or excuse:

Donor agrees not to internally or externally tamper, substitute or dilute their sample:

Donor agrees to provide every sample collection under same-sex direct observation (*observed*):

Donor agrees to allow FORENSIC DTS, Inc. to release all test results & related information direct to the above listed "Program Manager":

Buyer (*Program Manager*) agrees that all scheduled tests are non-refundable for any reason:

Buyer (*Program Manager*) agrees that missed tests, refusal to test or incomplete tests count as 1 completed testing event:

Buyer (*Program Manager*) agrees that "Invalid", "Dilute", "Unable to Confirm" or any other abnormal test result counts as 1 completed testing event:

Buyer (*Program Manager*) agrees that scheduled tests can not be changed or modified.

Random test dates will be provided for Program Manager review. Changes only permitted within the first 72 hours.

DONOR INSTRUCTIONS

Donor shall call FORENSIC DTS **DAILY** (M-F), between 8:30AM-10:30AM, and speak with a live Forensic Drug Testing Services Customer Care Agent. Donor will inquire as to the "*color of the day*". If your "*color*" designation is called, you are required to report for required testing **WITHIN TWO HOURS THAT SAME DAY**. *Re-scheduling is not permitted, under all circumstances.*

+ CALL-IN SCHEDULE WILL BE PROVIDED UPON RECEIPT OF THIS COMPLETED DOCUMENT & RECEIPT OF FULL PAYMENT +

Consenting Donor Signature

Date

Payer/Program Manager Signature

Date

>> YOUR COLOR DESIGNATION WILL BE : **DO BE E-MAILED TO PROGRAM ADMINISTRATOR**

PLEASE COMPLETE, SIGN & RETURN TO: Kevin@fdtsi.com



DAILY CALL-IN/RANDOM TESTING PROGRAM - Program Details -

INTENDED USE:

This forensic, non-medical, random drug testing program is designed to help private parties forensically investigate suspected or alleged illegal drug use, alcohol abuse, prescription drug abuse, and marijuana/THC Delta-9 use.

MEDICAL USE:

The non-clinical results of these forensic tests are not intended to diagnose, treat, cure, or prevent any disease. Results of said testing are not reported to any medical depository, such as the Medical Information Bureau(MIB). Forensic test results are not protected health information under the American's with Disabilities Act(ADA). However, FORENSIC Drug Testing Services, Inc. (FDTSI) will make every reasonable effort to keep all Donor information and test results private & confidential. Private information will only be released upon the Donor's signed consent and directives, or if compelled by Court Order signed by a sitting judge (*not a subpoena*).

SUBSTANCES, CUT-OFFS & MRO Review:

FDTSI will arrange all urine drug testing through our DHHS.SAMHSA certified laboratories, which will perform a mechanized EMIT screen on the submitted sample. If a substance is found, an automatically LC/MS/MS confirmation will be conducted to identify the specific substance(s) found, then quantify it's findings. The lab's confirmed findings will then be forwarded to Medical Review Officer (MRO/MD) for review with the Donor. Once the MRO has completed his review, a final result will be issued . The screening test will include the following substances, at the below listed cut-off levels:

Test	Result	Screen Cutoff	Confirm Cutoff
6-AM (Heroin)	Negative	10 ng/mL	10 ng/mL
Amphetamine/Methamphetamine	Negative	500 ng/mL	250 ng/mL
Barbiturates	Negative	300 ng/mL	300 ng/mL
Benzodiazepines	Negative	300 ng/mL	300 ng/mL
Cocaine Metabolite	Negative	150 ng/mL	100 ng/mL
Codeine/Morphine	Negative	2000 ng/mL	2000 ng/mL
ETG/ETS Urine Alcohol (Up to 80 Hours)	Negative	250 ng/mL	100 ng/mL
Hydrocodone/Hydromorphone	Negative	300 ng/mL	100 ng/mL
Marijuana Metabolites	Negative	50 ng/mL	15 ng/mL
Methadone	Negative	300 ng/mL	300 ng/mL
Methaqualone	Negative	300 ng/mL	300 ng/mL
Phencyclidine	Negative	25 ng/mL	25 ng/mL
Propoxyphene MTB	Negative	300 ng/mL	300 ng/mL

REFUND POLICY:

No refunds or credits are issued for missed testing events, nor are refunds or credits issued for Invalid, Dilute, Refusal or any other completed testing event. We have a strict NO REFUND/RETURN POLICY.

CALL-IN INSTRUCTIONS:

DONOR **MUST CALL IN DAILY**, Monday - Friday, to **760-770-6068** AND SPEAK WITH A LIVE PERSON. DURING THIS CALL, IF THE DONOR'S DESIGNATED COLOR ASSIGNMENT IS SHOWN, THE DONOR MUST REPORT FOR TESTING WITHIN 2 HOURS. FAILING TO REPORT WILL BE CAUSE FOR A REFUSAL TO TEST RESULT TO BE ISSUED (**NO EXCEPTIONS**).

PAYMENT AUTHORIZATION & AGREEMENT

Name Printed on Card:

Expires:

Card Number:

CVV:

Billing Address:

ZIP:

I certify that I am an authorized user of the above list Credit Card and will not dispute these scheduled transactions; so long as the transactions correspond to the terms indicated within this authorization form. This authorization shall expire 100 days after my signature below.

I also understand & agree will all the above listed statements.

Submitter's PRINTED Name:

Submitter's Signature

Date

Please e-mail completed form to: info@fdtsi.com....Thank you