FORENSIC
DRUG TESTING SERVICES, Inc.
73-700 Dinah Shore, B206, Palm Desert, CA 92211

** This submission replaces all previous submissions*

Client Update & D.E.R. Designations

CLIENT UPDATE FORM

- Person(s) with authority to remove employees & obtain test results -

Report all test results and information to:

Company's legal Name:
Site Name/DBA *(if any):*

Site/Terminal Address:
(City, State & ZIP)

Primary Contact *(DER):* **Cell:**

Primary Contact E-Mail:

Alternate Contact (DER): **Cell:**

Alternate Contact E-Mail:

SALIVA: D.E.R. DEFAULT
- STANDING ORDER -

Forensic DTS Staff is hereby directed to perform a Lab Based-5 Panel SALIVA test under the following circumstances:

- ☐ **In ALL Instances,** where urine would normally be required ***(NO Urine, Only SALIVA).***
- ☐ **ONLY** in Shy-Bladder situations ***(Urine first, then SALIVA).***
- ☐ **ONLY** in Shy-Bladder and Direct Observation Situations. ***(Urine first, then SALIVA).***

RANDOM DRUG & BREATH ALCOHOL TESTING

- Site Specific Testing Protocols -

D.O.T. Annual Drug Testing Target:	☐ **NO** D.O.T. Employees	☐ 75%	☐ 50%	☐ Min. Rqd.
D.O.T. Annual Alcohol Testing Target:	☐ **NO** D.O.T. Employees	☐ 75%	☐ 50%	☐ Min. Rqd.
Non-DOT Drug Testing Target:	☐ **NOT** Required	☐ 75%	☐ 50%	☐ Min. Rqd.
Non-DOT Alcohol Testing Target:	☐ **NOT** Required	☐ 75%	☐ 50%	☐ Min. Rqd.

How often would you like us to conduct Random Testing?: ☐ **Monthly** ☐ **Bi-Month** ☐ **Quarterly**

When do you want to *carve-out* marijuana testing?: ☐ **NEVER** ☐ **Randoms** ☐ **New Hires**

What test would you like to be your default?: ☐ *Standard Lab* ☐ *As Ordered* ☐ *Other:*

Submitter's PRINTED Name: ***Submitter's Signature*** ***Date***

Please e-mail completed form to: *kevin@fdtsi.com....**Thank you!***