



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:

WHO ELSE CAN GET EMPLOYEE LISTS, M.I.S. REPORTS & ORDER INSPECTION PACKAGES, BUT NOT RECEIVE TEST RESULTS or RANDOM SELECTIONS ?

Company Rep 1: Cell:

Representative E-Mail:

BILLING Representative Cell:

BILLING E-Mail:

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 <u>carve-out</u> 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!