Drug & Alcohol Testing Protocol Form

_____
Employer Name

_____
Employer Phone

_____   _____
Clinic Name   **Date**

_____
Clinic Address

_____
Clinic Phone #

To Whom It May Concern:

Our Company is a member of the Saber Consortium. Please use the appropriate drug testing kit and MEDTOX Chain of Custody provided by Saber for this urine collection. Do not substitute other laboratory drug kits. If you need kits, or have questions about the collection process, contact **Saber Consortium at 580-427-4900 or (800) 888-9731.**

_____ is being sent today for a:
Donor Name

❑ **FMCSA Urine collection for drug testing**   ❑ **FMCSA Breath alcohol testing**

❑ **PHMSA Urine collection for drug testing**   ❑ **PHMSA Breath alcohol testing**

❑ **FAA Urine collection for drug testing**   ❑ **FAA Breath alcohol testing**

❑ **NON-DOT Urine collection for drug test**   ❑ **NON-DOT Breath alcohol test**

   ❑ K-2 Test (29210)   Test Code must be written on Non-Federal CoC
   ❑ Bath Salts Test (3816)   Test Code must be written on Non-Federal CoC
   ❑ Special 10 Panel (87076)   Test Code must be written on Non-Federal CoC

The reason for the test is:

   ❑ **Pre-employment**   ❑ **Random**   ❑ **Post-accident**
   ❑ **Reasonable suspicion**   ❑ **Return-to-duty**   ❑ **Follow-up**

ALL collections, whether COC is federal or non-federal should be split specimen with quantitative amounts in tubes A and B. Follow Federal guidelines for all collection procedures, this includes separate voids IF you intend to use a "dip-stick" or "test cup" preliminary test for non-federal tests. ABSOLUTELY do not use any type of preliminary testing for federal tests.

After the collection, please follow these steps:

1. Fax a copy of the Chain of Custody to the MRO as indicated at the top of the form.

2. Fax a copy of the same form to **Saber Consortium, FAX# 580-427-4946**.

3. Mail or Fax the employer's copy to our office at the address shown above.

4. Send specimen to lab with provided supplies.

If any problems arise during the collection process, or if there is a positive breath alcohol result, please contact our Company's Designated Employer Representative (DER) listed below.

DER   _____

Phone   _____