



Client Setup Form

Client _____

Office	Billing	Shipping
Name _____	Name _____	Name _____
Phone _____	Phone _____	Phone _____
Ext _____	Ext _____	Ext _____
Fax _____	Fax _____	Fax _____
Email _____	Email _____	Email _____
Address1 _____	Address1 _____	Address1 _____
Address2 _____	Address2 _____	Address2 _____
City _____	City _____	City _____
Country _____	Country _____	Country _____
State _____	State _____	State _____
Zip _____	Zip _____	Zip _____

Share this address

Authorized Regulatory Agencies :

FMCSA
 FAA
 FRA
 FTA
 USCG
 PHMSA
 HHS
 NRC

DOT Tests

DOT urine collection for drug test
 DOT breath alcohol test

non-DOT Tests

Lab Based

7DSP/PHN (W366)
 9DSP/PHN (W357)
 5 panel NDOT std(W354)
 5DSP/ECS/6AM/PHN (PA52)
 7 PANEL STANDARD (1203)
 10 PANEL STANDARD (1204)
 10DSP/EXP OPI2000/UALC/PHN (1208)
 5DSP/EXP OPI2000/PHN (1365)
 5 PANEL STANDARD (1200)
 5DSP/EXP OPI2000/UALC/PHN (1380)
 7DSP/EXP OPI2000/UALC/PHN (1384)
 9 PANEL STANDARD (1205)
 9DSP/EXP OPI2000/UALC/PHN (1207)
 5DSP/ECS/6AM/PHN (1735)
 HHS DOT Mirror (3499) Additional Fees Apply
 HHS DOT Mirror (30C7) Additional Fees Apply

POCT

eScreen eCup instant test
 Breath alcohol test
 Lab-based urine collection for drug test
 mCup 5 panel on site drug test
 Hair
 Health-eScreen Services
 mCup 10 panel on site drug test
 mCup 7 panel on site drug test
 Oral fluid collection for cotinine
 Oral fluid collection for drug test

Electronic Medical Services :

- Pulmonary Function Test
- Vision Test, Jaeger
- Body Metrics Wellness Screen
- Audiogram (Annual) - for current employees
- Hep-B Vaccination- #1
- Hep-B Vaccination #2
- Hep-B Vaccination #3
- Non-DOT Physical
- DOT Physical
- Vision Test, Titmus
- TB/PPD Test 1
- TB/PPD Test 2
- TB/PPD Skin Test- 1 step only
- Respirator Fit Test, Qualitative
- Lift Test
- Vision Test, Ishihara
- Vision Test, Snellen
- Lift Test Level 2
- Audiogram (Baseline) - for new hires/applicants

Reporting Methods :

- None
- Autofax : _____
- Automated Voice Response (AVR)
- Web Reporting Allow Random? Yes No

Reporting Options :

- Report Positives
- Display Positive Drug Names
- Display Drugs Tested

Special Notes :

Clients Internal Account # :

Client Exception Actions :

Exception	Pick an option...
Invalid temperature	<input type="checkbox"/> Send sample to lab <input type="checkbox"/> Discard sample and recollect unobserved <input type="checkbox"/> Discard sample and recollect observed <input type="checkbox"/> Seal and document first sample; recollect unobserved and send both samples to lab

- Seal and document first sample; recollect observed and send both samples to lab
- Notify company contact for instructions
- Refer to employer instructions. If none are available, refer to local and state guidelines.

Suspect adulteration (visible cues)

- Send sample to lab
- Discard sample and recollect unobserved
- Discard sample and recollect observed
- Seal and document first sample; recollect unobserved and send both samples to lab
- Seal and document first sample; recollect observed and send both samples to lab
- Notify company contact for instructions
- Refer to employer instructions. If none are available, refer to local and state guidelines.

Shy bladder

- Notify company contact. Offer donor 40 oz. liquid for up to three hours until sufficient quantity is obtained (45 mL). If sufficient qty is not given, notify company contact and refer donor immediately to MRO to schedule medical evaluation.
- Dismiss donor and notify company contact
- Dismiss donor
- Notify company contact for instructions
- Offer donor 40 oz. liquid for up to three hours until sufficient quantity is obtained (45 mL).
- Refer to employer instructions. If none are available, refer to local and state guidelines.

No positive identification of donor

- Contact company requesting a representative proceed to collection site for appropriate identification
- Dismiss donor to retrieve proper ID and notify company contact
- Dismiss donor
- Notify company contact for instructions
- Refer to employer instructions. If none are available, refer to local and state guidelines.

Donor refused to take test.

- Please remove the Donor from the waiting list.

Donor returned too late

- Please explain to the donor it is too late to read the test. A new test may need to be scheduled.