Sales Information:

____ New Company **____ Upsell** **____ Update**

Sales Rep: _____ Sales Class: _____ Sales Group: _____

Company Information:

Company Name: _____ Effective Date: _____

Update Company Name to: _____

Address: _____

Phone: _____ EXT: _____ Fax: _____

Main Contact: _____

E-Mail: _____

Employer Service Billing Method: Fax_____ E-mail_____Mail_____

Work Comp. Billing Method: Billing Method: Fax_____ E-mail_____ Mail_____

Billing Address (If different from above):

ATTN: _____

Address: _____

Drug & Alcohol Testing:

Drug Screen TESTING OPTIONS	STANDARD	OPTIONAL
Drug Screen Panel Non 5*		
Drug Screen Panel Non 10*		
Drug Screen Urine DOT*		
Drug Screen Rapid E-Cup		
Drug Screen Rapid M-Cup		
Drug Screen Hair W/MRO		
Drug Screen Collect Only-DOT		
Drug Screen Collect Only NON-DOT		
Drug Screen Hair Collect Only		
BAT: Breath Alcohol Test		

Drug Screen Billing:

____ TPA: _____ Phone: _____ Ext: _____

____ Employer

____ Employee Pay

Report results & COC to: _____

____ Fax: _____

____ E-Mail: _____

____ Web Reporting: _____

Lab: ___ Alere ____ Omega (Hair)

Drug Screening Special Instructions:

_____

____ Drug Screen Random Program

After Hours Testing:
_____ NONE _____ Standard _____ Optional

Drug Screen: _____NON-DOT 5 Panel-Alverno _____NON-DOT 10 Panel-Alverno _____DOT Panel-Alere

BAT: _____ NON-DOT _____ DOT

Report results & COC to: _____
_____ Fax: _____
_____ E-Mail: _____

Physicals: **____ DOT** **____NON-DOT**

Report Results to: _____

_____ Fax: _____ E-Mail: _____

TESTING OPTIONS	STANDARD	OPTIONAL	CATEGORY
Drug Screen Panel Non 5*			
Drug Screen Panel Non 10*			
Drug Screen Urine DOT*			
Drug Screen Rapid E Cup			
Drug Screen Rapid M Cup			
Drug Screen Hair W/MRO			
Drug Screen Collect Only DOT			
Drug Screen Collect Only NON-DOT			
Drug Screen Collect Only Hair			
BAT: Breath Alcohol Test			
PFT			
RESPIRATOR FIT TEST			
RESPIRATOR QUESTIONNAIRE			
AUDIOGRAM			
LIFT TEST (#_____LBS.) max is 75lbs			
MINI FUNCTIONAL EVAL			
X-RAY			
PPD			
Return to Work Physical Basic/Complex			
Fitness for Duty & FCE Job Specific			

CATEGORIES: (P) =Physical, (S) =Routine Surveillance, (E) =Pre-Emp Scrn.

Drug Screening Lab: _____ Alere _____ Omega (Hair)

Physical Billing: _____ Employer _____ TPA: _____ _____ Employee Pay

Injury Treatment Services:

Work-Comp Billing:

_____ Self-Insured_____ Work Comp Insurance: _____ Phone: _____

Work-Comp Drug Screen Billing:

_____ Employer_____ TPA: _____

Drug Screening Lab: _____ Alere _____ Omega (Hair)

Send Work Status Summary to: _____ Fax: _____ E-Mail: _____

Work-Comp Special Instructions:

_____

Drug Screen TESTING OPTIONS	STANDARD	OPTIONAL
Drug Screen Panel Non 5*		
Drug Screen Panel Non 10*		
Drug Screen Urine DOT*		
Drug Screen Rapid E Cup		
Drug Screen Rapid M Cup		
Drug Screen HAIR W/MRO		
Drug Screen COLLECT ONLY DOT		
Drug Screen COLLECT ONLY NON-DOT		
Drug Screen COLLECT ONLY HAIR		
BAT: Breath Alcohol Test		