

EMPLOYEES: Most tests are ordered electronically, and you bring the Order Confirmation Form to the collection site. In some cases, the electronic ordering is not available, and you will bring this form and a Quest Custody and Control form with you to the collection site.

ORDERING OFFICIAL : Order all tests in the www.mroresultsonline.com system. For electronically enabled collection sites, you will print or e-mail an Order Confirmation Form. For non-electronically enabled collection sites, the employee must bring a Quest Custody and Control form to the collection site. When no form or no collection site is available call NDS for assistance at 877-497-1228.

COLLECTION SITES: For assistance call, NDS at 877-497-1228, call before allowing a donor to leave with an incomplete test. All MRO copies to our MRO – fax: 855-253-5666; all BAT forms to – fax: 888-226-8701. Call employer immediately if an alcohol positive. Third party billing for urine collection and BAT to National Drug Screening, 129 W Hibiscus, Suite H, Melbourne, FL 32901 (phone - 877-497-1228).

BOX ONE: TEST INFORMATION

Reason for Test:

- Pre-Employment
 Follow Up
 Reasonable Suspicion
 Return to Duty
 Random
 Post-Accident
 Post Incident (CHP USE)

Regulation Type: NON-DOT DOT **AND** FMCSA OR USCG

Test(s) to be performed:

- Breath Alcohol Test
 Urine Collection (Instruction: Split Specimen. Use Quest Diagnostics Collection Kits.)

BOX TWO: EMPLOYEE INFORMATION

Employee Name (Last, First, MI)	Employee ID Number	CBID (CDCR USE)
<input type="text"/>	<input type="text"/>	<input type="checkbox"/> R06
Agency		<input type="checkbox"/> S06
<input type="text"/>		<input type="checkbox"/> M06

BOX THREE: COLLECTION SITE INFORMATION

Name of Collection Site

Address

Name of Contact Person Telephone Number

BOX FOUR: ORDERING OFFICIAL INFORMATION

Department Ordering Official

DISTRIBUTION

ORIGINAL - Agency
 COPY 1 - Employee (take to collection site)
 COPY 2 - Not necessary

Department Ordering Official Signature Date

PRIVACY NOTICE

This notice is provided pursuant to the Information Practices Act of 1977.

The information collected will be used by the state and the plan administrator for the purposes of identification and document processing.

Individuals should not provide personal information that is not requested or required.

The submission of all information requested is mandatory unless otherwise noted. If you fail to provide the information requested test result information may be reported incorrectly.