

**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](http://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.