



Company Protocols:

Legal business name:	
DBA:	
Business mailing address:	
Business billing address:	
Primary contact name:	
Primary contact number	
Primary email address:	
Secured fax number:	
Secondary contact name:	

Please check if indicated:

Designated Employer Representative (DER):				
Preferred method for receiving documentation:	Email <input type="checkbox"/>	Secured Fax <input type="checkbox"/>	Email or Fax number:	
Rapid Urine Drug Screen:	5 Panel <input type="checkbox"/>	11 Panel <input type="checkbox"/>	Breath Alcohol Testing (BAT):	<input type="checkbox"/>
Full Service UDS: Non-Regulated	5 Panel <input type="checkbox"/>	9 Panel <input type="checkbox"/>	11 Panel <input type="checkbox"/>	12 Panel <input type="checkbox"/>
Federal DOT UDS:	<input type="checkbox"/>	Collection Only UDS: <input type="checkbox"/>	Preferred Lab:	
Additional Services Available:	DOT Physicals: <input type="checkbox"/>	Pre-Employment Physicals: <input type="checkbox"/>		
	TB Skin Testing <input type="checkbox"/>	Hep B Vaccine <input type="checkbox"/>	TDap Vaccine <input type="checkbox"/>	Tetanus Vaccine <input type="checkbox"/>
Titer Blood Draws (please indicate):			Other Services (please indicate):	