

## **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 🗆	Secured F	ax 🗆	Email o	r Fax number:	
Rapid Urine Drug Screen:	5 Panel 🗆	11 Panel 🗆			eath Alcohol sting (BAT):	
Full Service UDS: Non-Regulated	5 Panel 🗆	9 Panel 🗆		11	. Panel 🗆	12 Panel 🗆
Federal DOT UDS:		Collection Only UDS:		Preferr	ed Lab:	
Additional Services Available:	DOT Physicals:			Pre-Employment Physicals:		
	TB Skin Testing 🗆	Hep B Vaccine 🗆		TDap Vaccine 🗆		Tetanus Vaccine 🗆
Titer Blood Draws (please indicate):			Other Service (please indicate			