



401 Matthew Street  
Marietta, OH 45750  
(740) 374-9954  
(740) 374-7230 (fax)

807 Farson Street – Suite 101  
Belpre, OH 45714  
(740) 401-0090  
(740) 401-0258

**GENERAL COMPANY INFORMATION:**

**Company Name:** \_\_\_\_\_  
**Company Address:** \_\_\_\_\_  
**Contact Name:** \_\_\_\_\_  
**Contact Email:** \_\_\_\_\_  
**Company Phone:** \_\_\_\_\_ **Company Fax:** \_\_\_\_\_  
**Billing Contact:** \_\_\_\_\_

**DRUG & ALCOHOL TESTING INFORMATION:**

**Designated Employer Representative (DER):** \_\_\_\_\_  
**DER Phone:** \_\_\_\_\_ **After Hours Phone:** \_\_\_\_\_  
**DER Secure Fax:** \_\_\_\_\_

**Different Billing Address?**  **Yes**  **No** **If Yes, List Address Here:** \_\_\_\_\_

**Results Sent Via:**  **Fax**  **Mail**  **E-Mail:** \_\_\_\_\_

- Testing Reasons:**
- Pre-employment
  - Random
  - Reasonable Suspicion
  - Post Accident
  - Return to Duty (returning after a positive test)
  - Follow-Up (testing done randomly after positive test)

**If Post Accident Testing Required:**  **Drug Screen Only**  **Drug Screen & Breath Alcohol**

**Time Frame to Cease Drug and/or Alcohol Testing:** \_\_\_\_\_  
*(DOT regs. regarding testing after an accident: After 32 hours - cease drug testing; after 8 hours - cease breath alcohol testing.)*

**Drug Screen Panel for Non-DOT:**  **5 Panel**  **7 Panel**  **8 Panel**  **9 Panel**  **10 Panel**  
 **9 Panel with Oxycodone**  **9 Panel with Oxycodone & Expanded Opiates**  
*(Recommended)*

**DOT Drug Screen:**   
Would you like MOHP to manage your Random Program?  **Yes**  **No**  
If Yes, Randomization to be done:  **Monthly** *(If only in your own pool)*  **Quarterly**  
Non-DOT Drug Yearly Percentage: \_\_\_\_\_ *(If only in your own pool)*  
Non-DOT Alcohol Yearly Percentage: \_\_\_\_\_ *(If only in your own pool)*

Policy on Temp out of range:  **Direct Observe**  **Donor is finished**  **Other:** \_\_\_\_\_

Do you accept Negative Dilute Drug Screen?  **YES**  **NO**

Length of time a prescription can be considered a legitimate explanation for a positive drug test?  **1-yr**  **No-limit**

Policy attached?  **Yes**  **No**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_