

COLLECTION SITE AUTHORIZATION FORM

Collection Site: Address: Phone: Hours:		Employer: Contact: Address: Phone: Cell: Fax:					
Laboratory Account Number (located on the left upper top side)		Fax and Mail Original BAT / Instant Result to Employer Company: Contact: Fax: Address:					
Date Test to be Performed							
Donor Name		DOB		Soc Sec #		Other ID	
FOR EMPLOYER: Use this link to locate a collection site: https://secure.questdiagnostics.com/hcp/psc/jsp/SearchLocation.do?newSearch= Select: Find a Location, Zip, and Reason for Test, Find. Contact LGS at 909-979-0547 for further assistance. " "Have the donor bring this "Collection Site Authorization Form to collection site or fax directly to the site.		Mode FMCSA FAA FRA FTA PHMSA USCG	Emp. Category (check one) DOT NON-DOT PUC TOW WORKPLACE OTHER	Test(s) Ordered (check one) Drug Screen Collection Breath Alcohol Test Both Saliva Alcohol Test Instant Drug Test – Use company’s pre-stocked kit. Instant Drug Test – Use your in-house kit. CCF Stocked at Collection Site Direct Observation Req. Return to Duty Follow-up		Reason for Test (check one) Pre-Employment Random Post-Accident Reasonable Suspicion Follow-up Return to Duty Other	

ATTENTION DRUG SCREEN URINE SPECIMEN COLLECTOR:

1. Please use a pre-printed chain of custody drug testing form already supplied to your facility or accompanied with the donor. If you do not have a pre-printed drug testing form contact LGS Drug Testing immediately at (909) 979-0547 to arrange a collection. We will assist you in altering a form. **PLEASE DO NOT SEND THE DONOR AWAY.**
2. Forward the completed MRO copy of the chain of custody form immediately to: **David Nahin, M.D. 9501 Northfield Blvd., Denver, CO Tel: 877-295-3381. Fax: 855-253-5666. Or email to mro@i3screen.com.** Mail the employer copy and provide the donor CCF copy.

⇒ **BREATH ALCOHOL TEST RESULT** Immediately fax the BAT result to our client and also to LGS Drug Testing at (909) 935- 3847. Then mail the original BAT result to our client. (Confirmation: BAT test required for 0.02 or greater result within 15 minutes) **IMMEDIATELY** (while the donor remains at the collection site) telephone the Designated Employer Representative (DER) above to arrange transportation.

⇒ **TO ALTER A CHAIN OF CUSTODY FORM (CCF):** If Donor does not have their CCF form or the account number has not been provided, please alter a CCF form by determining the appropriate lab above and by entering the following account number as indicated: Medtox- Federal account # 57174234, Test Panel: 88544, Non-DOT 57174001, Test Panel: 89700; Quest Diagnostics- Federal account # 10399400, Test Panel: 45304N, Non-DOT 10399413, Test Panel: 45105N.

⇒ **BILLING** BAT results go to LGS Drug Testing, PO Box 1194, Upland, CA 91785. For PAML third party collection sites only: please bill LGS Drug Testing.