



OCCUPATIONAL MEDICINE - DRUG TESTING - CLIENT REGISTRATION FORM

Company Name: _____ DOT # _____

Billing/Mailing Address: _____

City _____ State _____ ZIP _____

Phone: _____ Secure Fax: _____

Designated Employee Representative (DER): _____

(DER) Phone No: _____ **(DER) Secure Fax:** _____

(DER) Email: _____

Alt. Contact: _____ Alt. Phone: _____

Notes: _____

To receive results, notification, would you like (please check one) E-mail Fax US Mail

Drug Testing:			Number of employees
FAA	-	Federal Aviation Administration	_____
FMCSA	-	Federal Motor Carriers Administration (DOT)	_____
FTA	-	Federal Transit Administration	_____
USCG	-	US Coast Guard	_____
NON	-	Non-Regulated Employees	_____

5 Panel Screen (\$42.00) *THC, Cocaine, Heroin, Amphetamine & PCP*

7 Panel Screen (\$45.00) *THC, Cocaine, Heroin, Amphetamine, PCP, Barbiturates & Benzodiazepines*

10 Panel Screen (\$52.00)

THC, Cocaine, Heroin, Amphetamine, PCP, Barbiturates, Benzodiazepines, Methadone, Propoxyphene & Methaqualone

DOT (\$60 – MRO Fees included)

Rapid 7 Panel Screen (\$45.00) *THC, Cocaine, Heroin, Amphetamine, PCP, Barbiturates & Benzodiazepines*

Rapid 10 Panel Screen (\$52.00)

THC, Cocaine, Heroin, Amphetamine, PCP, Barbiturates, Benzodiazepines, Methadone, Propoxyphene & Methaqualone

*There is a \$10.00 MRO fee if a MRO is necessary for all non-DOT panels.

Please Note: You will receive a bill and results directly from Bio-MED, Your Care's Third Party Administrator, for your drug testing services.

Signature

Date