

OCCUPATIONAL MEDICINE - DRUG TESTING - CLIENT REGISTRATION FORM

Company Na	me:		DOT #:		
Billing/Mailing	g Addres	ss:			
City: Phone:			State: ZIP: Secure Fax:		
(DER)Phone No:			(DER) Secure Fax:		
(DER) Email	:				
Alt. Contact:			Alt. Phone:		
Notes:					
To receive resi	ults, noti	fication, would you like (please check o	ne) E-mail	Fax	US Mail
Drug Testing:			N	umber of employe	ees
FAA	-	Federal Aviation Administration			
FMCS	SA -	Federal Motor Carriers Administrati	ion (DOT)		
FTA	-	Federal Transit Administration			
USCO	3 -	US Coast Guard			
NON	-	Non-Regulated Employees			
5 Pan	el Scree	en (\$42.00) THC, Cocaine, Heroin, Ampl	netamine & PCP		
7 Pan	el Scree	en (\$45.00) THC, Cocaine, Heroin, Amphe	etamine, PCP, Barbiturate	es & Benzodiazepin	es
10 Pa	nel Scre	een (\$52.00)			
THC,	Cocaine, i	Heroin, Amphetamine, PCP, Barbiturates, B	enzodiazepines, Methado	one, Propoxyphene	& Methaqualone
DOT (\$6	60 – MR	O Fees included)			
*There is a \$10	0.00 MR	O fee if a MRO is necessary for all non-	DOT panels.		
Please Note: drug testing s		I receive a bill and results directly fro	om Bio-MED, Your Ca	re's Third Party	Administrator, for your
Signature			Date		