

→ PRIMARY D.E.R.: Authorized Recipient of Test Results:

OFFICE Phone: CELL: Fax:

Private E-Mail for Results (*Required*):

→ ALTERNATE D.E.R.: Authorized Recipient of Test Result:

OFFICE Phone: CELL: Fax:

Private E-Mail for Results (*Required*):


→ BILLING CONTACT: Invoice me * 30 day Net, with agreement. Set-Up Auto-Pay *Complete section below. Paying COD, * Retail rates apply.

Full Name: Office Phone: Fax:

MAILING ADDRESS for Invoices & Results (*include City, State & Zip*):

E-MAIL Address for Invoices (*Required, otherwise \$15 manual Invoice fee applies*):

→ AUTO-Pay Billing Directive: Card Number: Exp: Code:

 Checking Acct #:

Routing #:

→ D.O.T. & Regulated Employee Default Test Panel & Frequency:

D.O.T. Pre-Employment Test Type: DOT Urine Drug Test ONLY D.O.T. Urine with Breath Alcohol

D.O.T. Random Target: 100% per year 75% per year 50% per year 25% per year

D.O.T. Frequency: Monthly Bi-Monthly Quarterly Min Required

→ NON - Regulated Employee Default Test Panel & Frequency:

Pre-Employment Test Type: 10 Panel with Urine Alcohol 9 Panel Urine Drug ONLY

Random Target: 100% per year 75% per year 50% per year 25% per year

Frequency: Monthly Bi-Monthly Quarterly Min Required

D.E.R. Special Instructions:

I, the *Designated Employer Representative (Primary D.E.R.)*, for the above listed Company, hereby give our directive and authorization for Forensic Drug Testing Services Inc. to receive all our drug & alcohol test results and information directly from the testing lab & MRO and process those results according to the above listed directive. Furthermore, we give Forensic DTS, Inc. and its employees our authorization to access our Commercial Driver's License Drug and Alcohol Clearinghouse Database, as our authorized agent of record.

If auto-Payment information is supplied above, the authorized card holder hereby agrees and authorizes FDTSI to automatically process any and all fees for services, as indicated by my signature below.
- This directive supersedes all previous directives. -

→ Company Name Date Submitted

→ Prepared by (Print Name) SIGNATURE