

Re: ETDT Consortium Information and Testing Agreement

Thank you for your interest in East Texas Drug Testing's services. We offer a variety of testing services to meet your needs, along with DOT and Non-DOT Consortium management (quarterly random drug and alcohol testing). A brief list of services is attached. In addition, Dr. Ellis is listed with the National Registry as a Certified DOT Medical Examiner for any DOT physicals you may require. If you live outside Angelina County area, we can set up drug and alcohol testing with one of our partner agencies closer to your location. However, if a physical/medical card is needed please note most facilities do not have a DOT certified medical provider on staff to complete DOT medical cards any you would need to come to Lufkin to have this completed.

We have enclosed our Billing Information page, Pricing/Instructions, Request Form, as well as the Drug Testing Agreement for your review/signature. If you are interested in our services, please complete and then return the Billing Information page, along with your annual consortium payment of \$100. Once the Billing Information is received (along with the annual Consortium fee, if applicable), your company will be added to our billing and drug testing systems and a New Member packet will be mailed to you. Our office can also provide a Drug Policy for your company if you do not currently have one in place.

Please note, if you are joining the ETDT Consortium, per DOT guidelines, each employee must have a pre-employment drug test and current DOT medical card on file. If they do not have either, contact us to schedule as soon as possible. All testing and physicals performed will be billed on a monthly basis.

Our testing hours are as follows:

Monday – Thursday: 8 a.m. – 4 p.m. (Fed Ex arrives daily at 4pm; therefore, the drug tests must be ready to be picked up)
Friday: 8 a.m. – 11 a.m. (Our office closes at 12 pm on Friday)

Feel free to contact our office with any questions. We look forward to working with you.

Sincerely,



Shelli C. Ellis
Office Manager

Billing Information

- CHECK: We want to join ETDT Consortium (Check all that apply): FMCSA (DOT) TDL&R (Towing) PHMSA (Pipeline)
 We want to join the NON-DOT ETDT Consortium (to have quarterly random drug/alcohol tests pulled)
 We only want drug or alcohol tests and/or physicals completed AS NEEDED: (circle) DOT // NON-DOT

Business Name _____

Billing Address _____

Designated Employer Representative "D.E.R." _____

Alternate Employer Representative _____

Work Phone _____ Fax Number _____

Cell Phone _____ E-Mail _____

**** If joining the random drug testing consortium, fill out information below ****
If more space is needed, please attached additional pages with information

Employee Name	Social Security #	DL# / State	Current Physical? Yes/No
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

How do you want to be notified of your Company's test results and/or physicals?

- Regular Mail Fax E-Mail

DER Signature _____ Date _____

REQUEST FORM

(COMPLETE FORM WHEN TESTING AT ETDT)

Company to be billed: _____

Name of person to be tested: _____

Date: _____ Time: _____

Type of test to be performed

- | | |
|---|--|
| <input type="checkbox"/> DOT (Dept. of Transportation): check one
___ FMCSA (Federal Motor Carrier) ___ TDL&R (Towing) ___ PHMSA (Pipeline) | <input type="checkbox"/> NON-DOT (Regular Drug Test) |
|---|--|

Test Requested

DOT drug test will ALWAYS be a 5 panel test

All other test **MUST** specify either 5 panel (*illegal drugs*) or 10 panel (*illegal & prescription drugs*)

- | | | |
|---|---------------------------------------|---|
| <input type="checkbox"/> Urine Test (5 or 10 panel) | <input type="checkbox"/> Alcohol Test | <input type="checkbox"/> Physical* (appointment required) |
| <input type="checkbox"/> Hair Test (5 or 10 panel) | <input type="checkbox"/> K-2 Test | <input type="checkbox"/> FCE* (appointment required) |
| <input type="checkbox"/> Nail Test (5 or 10 panel) | <input type="checkbox"/> Observe Test | <input type="checkbox"/> DNA Test* (appointment required) |

Specify Reason for Test

- | | | |
|---|---|--|
| <input type="checkbox"/> Pre-Employment | <input type="checkbox"/> Random | <input type="checkbox"/> Post Accident |
| <input type="checkbox"/> Reasonable Suspicion | <input type="checkbox"/> Return to Duty | <input type="checkbox"/> Periodic/Annual |
| <input type="checkbox"/> Follow Up | <input type="checkbox"/> Court Ordered by Judge _____ | |

Send Results By:

- | | |
|--|--|
| <input type="checkbox"/> Email _____ | <input type="checkbox"/> Fax _____ |
| <input type="checkbox"/> By Regular Mail | <input type="checkbox"/> Call DER to pick up results _____ |

Authorized by: _____ Phone #: _____