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### Company Information Form

Please call with questions, we are here to help.		Fax completed form to 507-451-5387	
Once we receive the completed form, we will contact you to discuss the details of your needs. Thank you!			
<b>Company Name:</b>			
<b>Address:</b>			
<b>Phone:</b>		<b>Fax:</b>	
<b>Owner/Manager Name:</b>			
<b>Owner/Manager Email:</b>			
<b>Types of Tests</b> (check all that apply)	DOT Physicals		
	Drug Tests: <input type="checkbox"/> DOT <input type="checkbox"/> Non-DOT <input type="checkbox"/> DOT 5 Panel (THC, COC, PCP, OPI & AMP) <input type="checkbox"/> Pre-Employment No THC <input type="checkbox"/> Pre-Employment With THC <input type="checkbox"/> Other: _____		
	Alcohol Breath Tests: <input type="checkbox"/> DOT <input type="checkbox"/> Non-DOT		
<b>Electronic Account</b>	Are you set up for electronic processing? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Form Fox <input type="checkbox"/> Other: _____		
<b>Drug Test Forms</b>	Donor will bring Chain of Custody Form to Appointment: <input type="checkbox"/> Yes <input type="checkbox"/> No		
<b>Lab</b>	CRL (Clinical Reference Laboratories)		
	Other: _____		
<b>DER (Designated Employee Representative)</b> Person responsible for scheduling/following up with employees:	Name:		
	Address:		
	Phone:		Fax:
	Email:		
	Provide Chain of Custody Form to DER <input type="checkbox"/> Fax <input type="checkbox"/> Email		
<b>Third-Party Administrator (TPA)</b>	Name:		
	Address:		
	Phone:		Fax:
	Email:		
<b>Billing Information</b>	Name:		
	Address:		
	Phone:		Fax:
	Email:		