

STATE OF OHIO
Notification of Drug and/or Alcohol Testing

Applicant / Employee Name

Employee ID

Agency Name / Contact Person

Facility Number or Agency Billing Code

Agency Phone Number

THIS FACILITY NUMBER OR AGENCY BILLING CODE MUST BE WRITTEN IN THE 6 RED BOXES LOCATED IN STEP 1 OF THE ALERE CUSTODY AND CONTROL FORM AS THE "FACILITY NUMBER" THE 199828 IS A DEFAULT FACILITY NUMBER

This document serves as notification that in accordance with federal and/or state guidelines this position is required to have the following drug and/or alcohol testing.

- | | |
|--------------------------------------------------------------|-------------------------------------------------|
| <input type="checkbox"/> DOT Drug Test – Split Specimen* | <input type="checkbox"/> DOT Alcohol Test** |
| <input type="checkbox"/> Non-DOT Drug Test – Split Specimen* | <input type="checkbox"/> Non-DOT Alcohol Test** |

***All Collections are to be split collections and must follow DOT Collection Guidelines.**

****If an Alcohol Test is conducted, the completed test result MUST be faxed to Alere @ 504-934-8228 and employer at 614-466-1796**

WHEN COLLECTING THE SPECIMEN OR PERFORMING THE ALCOHOL TEST, USE THE APPROPRIATE ALERE TOXICOLOGY (FORMERLY KROLL LABORATORY) CUSTODY AND CONTROL FORM, USING THE INFORMATION LISTED BELOW TO COMPLETE THE FORM.

- Reason for Test: Pre-employment Random Post Accident Reasonable Suspicion
- Follow Up (REQUIRES DIRECT OBSERVATION IF DRUG SELECTED) Return to Duty (REQUIRES DIRECT OBSERVATION IF DRUG SELECTED)
- Other: _____
- Rebuttal Presumption – If checked, use "Other" as the Reason for Test, and enter "109" as the Test Code in Step 1 of the Custody and Control form.

The current laboratory and responsible party for payment of services as contracted by the Ohio Department of Administration is Alere Toxicology - 1111 Newton Street, Gretna, LA 70053 (800-433-3823 / toxcs@alere.com).

The Drug Test panel will default to the Standard NIDA 5-drug. Unless otherwise specified, you do not need to indicate a Test Code on the Custody and Control form.

Applicant/Employee is instructed to report to the below listed collection site at the date and time indicated and must present a photo identification card, i.e. driver's license, state ID card, or agency photo badge, at the time of collection.

Collection Date

Time

Collection Site Name

Address

Phone Number

City, State Zip

Applicant/Employee should cooperate with the collection site instructions, including but not limited to:

- The Applicant/Employee must assist with the completion of the Custody and Control form.
- If unable to produce an adequate specimen, the applicant/employee may drink up to 40 ounces of non-alcoholic beverage and provide a specimen within three hours.
- The Applicant/Employee must follow other instructions provided by the collection site personnel to ensure the integrity of the testing process in accordance with DOT collection guidelines.

Applicant/Employee acknowledges receipt of this notification and/or agency designee acknowledges the employee was verbally notified of collection procedures.

Agency Designee Signature

Date

Applicant/Employee Signature

Date