

# STATE OF OHIO Notification of Drug and/or Alcohol Testing

Applicant / Employee Name

State of Ohio User Identification Number

Agency Name / Contact Person

Agency Billing Code

Agency Phone Number

The 5-digit Agency Billing Code **ABOVE** MUST be written in the blank Facility Number boxes located above 199828 (between addresses) on the Alere Custody and Control Form

**STEP 1: TO BE COMPLETED BY COLLECTOR OR EMPLOYER REPRESENTATIVE**

A. Employer Name, Address and / or ID

OHIO DEPARTMENT OF ADMINISTRATION  
C/O DRUG FREE WORKPLACE SERVICES  
30 E. BROAD ST., 28TH FLOOR  
COLUMBUS, OH 43215  
614-466-6346 614-466-1796

Facility Number:     

199828

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

Test type:                    DOT Drug Test – Split Specimen\*                    DOT Alcohol Test\*\*  
                                      Non-DOT Drug Test – Split Specimen\*                    Non-DOT Alcohol Test\*\*

Reason for Test:    Pre-Employment                    Random                    Reasonable Suspicion  
                                      Post Accident                    Return to Duty (**OBSERVED**)                    Follow Up (**OBSERVED**)  
                                      Rebuttal Presumption – if checked, use “Other” as the Reason for Test and enter Panel **109** as the Test Code in Step 1, Part E of the Custody and Control Form.  
                                      Other: \_\_\_\_\_

\*All Collections are to be split collections and must follow DOT Collection Guidelines.  
 \*\*If an Alcohol Test is requested, the completed form MUST be faxed to both the Employer at 614-466-1796 and Alere at 504-934-8228.

**PLEASE USE THE APPROPRIATE ALERE TOXICOLOGY CUSTODY AND CONTROL FORM WHEN COLLECTING THE SPECIMEN OR PERFORMING THE ALCOHOL TEST, USING THE INFORMATION LISTED ABOVE TO COMPLETE THE FORM.**

The current laboratory and party responsible for payment of services as contracted by the State of Ohio Department of Administration until June 30, 2015 is Alere Toxicology Services, Inc. 800-433-3823 / toxcollectionsite@alere.com  
**Billing info: eScreen, Attn: Accounts Payable, P.O. Box 25902, Overland Park, KS 66225-5902.**

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