

STATE OF OHIO  
Notification of Drug and/or Alcohol Testing

Applicant / Employee Name

Employee ID

Agency Name / Contact Person

Agency Billing Code

Agency Phone Number

The 5-digit Agency Billing Code **MUST** be written in the Facility Number boxes located in the middle of Step 1 (above 199828) on the Alere Custody and Control Form.

**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.**

<b>STEP 1: TO BE COMPLETED BY COLLECTOR OR EMPLOYER REPRESENTATIVE</b>	
A. Employer Name, Address and / or ID	Facility Number
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	199828

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 responsible party for payment of services as contracted by the Ohio Dept. of Administration until June 30, 2013 is Alere Toxicology. For any questions please call at 1-800-433-3823 or e-mail [toxcollectionsite@alere.com](mailto:toxcollectionsite@alere.com)

**Billing information: 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