

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 / Facility Number

Agency Phone Number

THE 5-DIGIT AGENCY BILLING CODE/FACILITY NUMBER ABOVE MUST BE WRITTEN on the Alere Custody and Control Form in the blank Facility Number boxes located above 199828 (between addresses)

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 H of the Custody and Control
 Other: _____

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

PLEASE USE THE ALERE TOXICOLOGY CUSTODY AND CONTROL FORM FOR THE OHIO DEPT. OF ADMINISTRATION (STATE OF OHIO) WHEN COLLECTING THE SPECIMEN, USING THE INFORMATION ENTERED ABOVE TO COMPLETE THE CCF OR WHEN PERFORMING THE ALCOHOL TEST

The current laboratory and party responsible for payment of services as contracted by the State of Ohio Department of Administration until June 30, 2017 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