

# CLIENT SETUP FORM



## Client Setup Form

Client \_\_\_\_\_

Office		Billing		Shipping	
Name	_____	Name	_____	Name	_____
Phone	_____	Phone	_____	Phone	_____
Ext	_____	Ext	_____	Ext	_____
Fax	_____	Fax	_____	Fax	_____
Email	_____	Email	_____	Email	_____
Address1	_____	Address1	_____	Address1	_____
Address2	_____	Address2	_____	Address2	_____
City	_____	City	_____	City	_____
Country	_____	Country	_____	Country	_____
State	_____	State	_____	State	_____
Zip	_____	Zip	_____	Zip	_____

Share this address

### Authorized Regulatory Agencies :

FMCSA  
  FAA  
  FRA  
  FTA  
  USCG  
  PHMSA  
  HHS  
  NRC

### DOT Tests

### non-DOT Tests

DOT urine collection for drug test

DOT breath alcohol test

#### Lab Based

- 5 PANEL STANDARD (1200)
- 5DSP/EXP OPI2000/PHN (1365)
- 5DSP/EXP OPI2000/UALC/PHN (1380)
- 5DSP/K2/PHN (1444)
- 7 PANEL STANDARD (1203)
- 7DSP/EXP OPI2000/UALC/PHN (1384)
- 10 PANEL STANDARD (1204)
- 10DSP/EXP OPI2000/UALC/PHN (1208)
- 10DSP/EXP OPI2000/K2/PHN (1455)
- 9 PANEL STANDARD (1205)
- 9DSP/EXP OPI2000/K2/PHN (1448)
- 9DSP/EXP OPI2000/UALC/PHN (1207)
- HHS DOT Mirror (3499) Additional Fees Apply
- Bath Salts (922)
- COPAT/EXP OPI/ETG for Schools/Non-Workplace (922)
- Redwood Steroid Panel (936)

#### POCT

- Breath alcohol test
- Lab-based urine collection for drug test
- Health-eScreen Services
- Hair
- Oral fluid collection for drug test
- eCup+ 9A (3477)
- eCup+ 10A (3125)
- eCup+ 4A (4045)
- eCup+ 5B (4063)
- eCup+ 6A (3121)
- eCup+ 7B (3122)
- eCup+ 8B (3123)
- eCup+ 9D (3124)
- eCup+ 6B (4539)
- eCup+ 9E (2928)
- eCup+ 5A (1200)