



## Collection Site Passport

NON-DOT

### DCF Controlled Substance Testing Program

Donor Name:

(Donor must have picture ID to show to collection site personnel)

Donor Social Security #:

Collection Site - Name:

Address:

Phone:

Testing Date

Testing Time

Type of Test to be conducted:

Drug Test (NIDA/5) Panel

Reason for Testing:

Reasonable Suspicion

Normal Collection – Watch closely while giving sample.

---

***INSTRUCTIONS TO CLINIC REPRESENTATIVE  
DO NOT TURN THIS DONOR AWAY!***

You have been set up as a collection site for the above referenced customer. Please collect this donor's drug screen sample using the attached Chain of Custody form.

Fax copy of Chain of Custody form to:

DCF, Atten:

(RDC name, phone and fax number)

***DO NOT BILL THE DONOR OR THE CUSTOMER***

You will be paid by Phamatech Inc. These arrangements have been discussed at the time of the customer set-up with your facility. Should you have questions, please contact Bonnie Filosa, Phamatech Inc., 1-888-635-5840 ext. 229.