



Collection Site Passport

NON-DOT

DCF Suspicion-Based Drug Testing (SBDT)

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 – H39 Screen 5, PCP

***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: Laken Mapel, 785-559-0344, 620-331-7667
(RDC name, phone, and fax number)

DO NOT BILL THE DONOR OR THE CUSTOMER

You will be paid by ProCom. These arrangements have been discussed at the time of the customer set-up with your facility. Please send all billing/invoices to ProCom 1805 Fotino BLVD, Pueblo, CO 81008. Be sure to include Chain of Custody number, donor ID, and collection date. Pricing agreement has already been established. Should you have questions, please contact Andrew Knox with ProCom at 719-295-1911 or andrew@procomtesting.com.