



Collection Site Passport
NON-DOT

ES-4108
09-23

DCF Suspicion-Based Drug Testing (SBDT)

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

Donor Client ID: _____
(KEES Client ID #)

Collection Site – Name: _____ Testing Date: _____
Address: _____ Testing Time: _____
Phone: _____

Type of Test to Be Conducted: Drug Test (NIDA/5) Panel-65105N

Reason For Testing: Reasonable Suspicion, Indicator Met

Normal Collection – H39 Screen 5, PCP

Agency Contact/DER: Suspicion Based Drug Testing

Agency Address: 555 S. Kansas Ave. Topeka, KS. 66603

Agency Phone: (785) 559-0344

Instructions To Clinic Representative

DO NOT TURN OR SEND THIS DONOR AWAY!

****Please follow DOT part 40 collection procedures in all cases, including Non-DOT collections.
Contact Comprehensive Drug Testing at (714) 852-5200 if you have any problems or do not
have a CCF.**

Laboratory: Quest Diagnostics

Test Type: Non-DOT - 11726240 (Forensic CCF)

Mark <u>one</u> of the following procedure(s)	Reason for testing
<input checked="" type="checkbox"/> Drug screen urine specimen collection <u>only.</u>	<input checked="" type="checkbox"/> Reasonable Suspicion

Instructions For Applicant/Recipient:

- Report to collection site promptly
- Refrain from drinking liquids prior to collection
- Bring Photo ID with you
- Do not list your medications at the collection site



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Distribution of forms: Please send the MRO copy of the chain of custody form immediately to fax: (714) 852-5201 or email: occmed@cdtsolutions.com.

If you are a Quest Diagnostics Preferred Site, please bill all urine drug screens directly to Quest.
If not a Quest Diagnostics Preferred Site, all drug and breath alcohol tests should always be billed to CDT:

Comprehensive Drug Testing, Inc.
230 Commerce, Suite 100
Irvine, CA 92602
ATTN: Accounting

PH: (800) 440-3784
FAX: (714) 852-5201
EMAIL: accounting@cdtsolutions.com