



### 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**

**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!**

- **\*\*For temperature out of range or signs of tampering events, please recollect but do not require direct observation.**
- **For shy bladder events please proceed with DOT guidelines of providing 3 hours for the donor to provide a sample**
- **Contact Comprehensive Drug Testing at (714) 852-5200 if you have any problems or do not have a CCF.**

#### Labratory: Quest Diagnostics

Test Type:  Non-DOT - 1172640 (Forensic CFF)

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



**Instructions For Applicant/Resident:**

- 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

**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](mailto: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](mailto:accounting@cdtsolutions.com)