Legacy Laboratory Services-Toxicology

New Client Information Form

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Please complete this form and either fax a printed version to 503-413-5458 or attach the completed PDF to an email to Legacy Laboratory Services—Toxicology at metrolab@lhs.org.

If you have any questions or need assistance, call Legacy Client Services at 503-413-5295 or 800-950-5295, or email Legacy Laboratory Services–Toxicology at **metrolab@lhs.org**.

Items in **red** are required. Items in **blue** are links to external sources.

Today's date	Date to begin test	ting (Please allow one week from date of submission.	
Business name		Number of employees	
Street address	P.O. Box		
City	State	ZIP	
Phone	Fax		
Contact person submitting information	Title		
Email	Referred by		
Substance abuse policy			
Do you have a substance abuse policy in place? O Yef f yes, have your employees been notified? O Yes C			

Testing

Employees subject to a federally mandated protocol under the Substance Abuse and Mental Health Services Administration (SAMHSA).

For information about federal regulations, including 49 CRF Part 40, Procedures for Transportation Workplace Drug and Alcohol Testing Programs, see the **Department of Transportation**.

Testing category

- O SAMHSA (federally mandated protocol)
- O Non-SAMHSA

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Testing protocol (non-SAMHSA)	
Check the box to select each purpose for	esting.
A Legacy Health representative will conta	ct you to discuss test panel options.
☐ Pre-employment (post-offer)	
☐ Random or periodic	☐ Breath alcohol
☐ Reasonable cause	☐ Breath alcohol
□ Post-accident	☐ Breath alcohol
Collection sites	
For a list of drug testing collection sites in th	Portland-Vancouver area (including maps), click here .
Collection sites outside the Portland-Vancou	ver area are required. O Yes O No
Confidentiality and contacts	
Results or account information will be discussivith your optional designation.	sed only with authorized company contacts, including a medical review officer (MRO)
Primary contact	Phone
	Email
Secondary contact	Phone
	Email

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Results reporting options ☐ SAMHSA (DOT) All SAMHSA results must be reported directly to your MRO. Skip remainder of this section.	o to "Invoice instructic	ons," below. There is no need to complete the
□ Non-DOT — Select one of each of the options below.		
O Fax report to secure fax number. (Secure electronic reporting	agreement is required.,	Fax:
O Email report to secure email. (Secure electronic reporting agre	eement is required.)	
Send results to medical review officer (MRO) for evaluation	?	
O Yes — send all results to the MRO. Send no results directly t	to the company.	
O Yes — send positive results only to the MRO. Report nega	tive results to authori	zed company contacts.
O No — MRO evaluation is not requested at this time. Report	all results directly to a	uthorized company contacts.
MRO name	Phone	
MRO address	Fax	
Invoice instructions Legacy Toxicology mails invoices at the beginning of each meduring the previous month. Payment is expected within 30 d Send invoice to: O Primary contact at mailing address in demographic inform O Accounts payable contact, below.	ays from date of invo	
Accounts payable contact	Phone	
Address		
City	State	ZIP
Do you need more information? Use this space to ask questions or request special account info	ormation.	