

National Safety Compliance, Inc. CLINIC PASSPORT/Authorization form

To Be Filled Out By Drug Program Manager DO NOT LEAVE ANYTHING BLANK – RESULTS WILL BE DELAYED

Company Name: Donor's Name:	
Social Security #: Driver's License Number:	
BILLING Address: P.O. Box 3160	Apt.#
City: Laguna Hills State: CA	Zip Code: 92654-3160
Donor's Home Phone: () (Include Area Code) Birth Date:	
Other Phone Number: () Circle One:	Work # Message Voice Pager Digital Pager
Picture I.D. Type and Number:	(Donor Must Go <u>Immediately</u>)
Authorization for testing requested by (Employer rep):	
Drug Program Manager Name:	Phone#:
Time of donor arrival Time of donor departure	
The Collection Site Is Located At:	ONLY Check box for test(s) Required! DOT split Drug Collection
The Collection Site Phone Number Is:	Breath Alcohol Test
☐ Pre-Employment ☐ Random ☐ Reasonable Cause ☐ Post Accident ☐ Follow-Up	ONLY perform test(s) that is checked!!!!

DONOR INSTRUCTIONS: You **MUST** take the white copy of this form to the clinic at appointed time!!

COLLECTION SITE INSTRUCTIONS:

- 1. The Donor's ID must match the ID on the Passport. If it does not, call the Drug Program Manager listed above.
- 2. Please be sure to perform the appropriate test checked above. (ie. Drug Only, Alcohol Only, or Both)
 - Fax a copy of the Breath Alcohol Testing form with Result immediately after performing the test to (949) 472-9439.

Please fax the MRO copy of the CCF to the MRO immediately after performing the test to (501) 954-2624.

Then mail the MRO copy to the MRO: Baber MRO Services 1 Innwood Cl Suite 202 Little Rock, AR 72211

5. Please mail this form along with the Employer Copy of the Chain-of-Custody form and Employer Copy of the BAT form to: National Safety Compliance, Inc. P.O. Box 3160 Laguna Hills, CA 92654-3160

If you have any questions, please call (949) 472-0645 (C/TPA for above noted Company)