MyeScreen.com User Guide

My escreen

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PLEASE LOG-IN

If you are a member of MyeScreen please use the fields below to sign in.

User Name: acm123

Password: ●●●●●●●●●●

Forgot Your UserName or Password

LOG IN

If you are having problems signing in, please click here.

By signing in you are agreeing to our terms and conditions. Terms and Conditions

> Enter your **User Name and Password.** Please note: you will be prompted to create a new User Name and Password after your initial log in

> Click on **Log In** button

Scheduling a Drug Test

The **Scheduling** option can be used to schedule pre-employment, post-accident, reasonable suspicion tests and any other tests necessary.

Click on **Scheduling** option

Click the **Schedule an Event** button

On this screen, you will fill in the donor information, choose a reason for the test and select the type of test you want the donor to take.. Once completed, hit the Next button.

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Employer: Moore Business Inc - TEST - Overland Park

Donor:

First Name: Joe

Middle Name:

Last Name: Smith

Social Security Number: 555 - 55 - 5555

Date of Birth: 01 / 01 / 1980   *(MM/DD/YYYY)*

Day Phone: (555) 555 - 5555   Ext.
(Ext. is optional)

Evening Phone: ( ) -   Ext.
(Evening phone is optional)

Email Address:
(Email Address is optional)

Donor ID: None   (Optional)

Cost Center: ~Select~   (Optional)

Reason:
- ⦿ Pre-employment
- ○ Random
- ○ Post Accident
- ○ Periodic Medical
- ○ Promotion
- ○ Return to Duty
- ○ Diversion
- ○ Followup
- ○ Transfer
- ○ Other
- ○ Reasonable Suspicion/Cause

Type of Test: ⦿ non-DOT Tests

☑ eScreen eCup Instant Test
☐ Urine collection for drug test   **Select Panel:** 5 panel NDOT std(W354)

The next screen will allow the employer to search for a clinic. Enter the **city, state and/or postal code** and a **search radius in miles**. Collection site options within the search radius will appear. To choose a site, click **select.**

Scheduling a Drug Test: Settings Info

Choose Immediate start time

Click Confirm Scheduled Event button when Settings Information is complete

Enter your Email Address if any of the three Notification Options were selected

Enter amount of time donor has to complete test

Scheduler Contact Info will populate based on the MyeScreen user that is scheduling the test

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Note: By pressing "Confirm Scheduled Event", you are scheduling this eve

Configuration: ⦿ Immediate (Start time is current time.)
⦿ Future (Start time must be specified.)

Hours Type: **Immediate**

Donor has [2] [Business Days ▼] to complete test.

[EST ▼] (Please select donor time zone)

☐ Donor is allowed to take test up to 7 days after the test time has expired.
☐ Do not display expiration time on the ePassport.

Notifications: ☐ Send Email when donor has completed the even
☐ Send Email if the donor fails to take test by the
☐ Send Email notification 2 hours before schedule

Email Address: [_____]

Scheduler Contact Info: Please enter the contact information in case the donor has questions.

Contact First Name: [Amy]
Contact Last Name: [Merz]
Contact Phone: ([ ]) [ ] - [ ]

Additional Notes for ePassport: [xxx]

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Scheduling a Drug Test: ePassport

Scheduling a Drug Test: ePassport

The donor should arrive at the collection site with an **ePassport** authorization form. A multi-part chain of custody form is not required if the donor is sent to an eScreen installed location.

Scheduled Event Confirmation Number

Collection Site address and phone number

Scheduled Time Frame

Donor Information