

**MARBLE FALLS MINOR EMERGENCY CENTER  
CLINIC ACCOUNT SET-UP  
URINE DRUG SCREENS AND BREATH ALCOHOL TESTING**

**Company Name** \_\_\_\_\_  
**Company Address** \_\_\_\_\_  
**City** \_\_\_\_\_ **ST** \_\_\_\_\_ **Zip** \_\_\_\_\_  
**Billing Name** \_\_\_\_\_  
**Billing Address** \_\_\_\_\_  
**Billing Contact** \_\_\_\_\_

**DER (Designated Employer Representative)** \_\_\_\_\_  
**Additional DER** \_\_\_\_\_  
**Office phone #** \_\_\_\_\_ **After hours #** \_\_\_\_\_

**Urine Drug Screen Testing: Please fill out information for A or B**

- \_\_\_\_\_ **A. Collection Only (\$25.00)** –We have our own MRO & lab. We only need you to collect & transport specimens.  
**Lab Name (ex.: quest, labcorp)** \_\_\_\_\_
- \_\_\_\_\_ **B. We need to set up with your lab. Select from the following USD types:**
- |   |      |
|---|------|
| _____ I-Cup 5 panel - IN HOUSE LAB- Non DOT- same day negative results<br>sent out for confirmation on non-negative results for no extra charge     | \$65 |
| _____ Key Cup 10 panel – IN HOUSE LAB - Non DOT- same day negative results<br>sent out for confirmation on non-negative results for no extra charge | \$77 |
| _____ Non DOT – SEND OUT- _____ 5 Panel Lab Corp  | \$65 |
| _____ 10 Panel Lab Corp   | \$77 |
| _____ DOT Federally Regulated Drug Screen –5 Panel Send out with in house MRO Review  | \$70 |

**Breath Alcohol Testing:**

Note: If reasonable suspicion is the cause of BAT testing, Employer must provide transportation for the employee being tested.

- \_\_\_\_\_ Non DOT BAT \$42  
 \_\_\_\_\_ DOT Federally Regulated BAT \$42  
**DER BAT:** \_\_\_\_\_  
**Phone:( )** \_\_\_\_\_ **After hour: ( )** \_\_\_\_\_

**When to perform testing: Please check all that apply**

- We request \_\_\_ UDS and/or \_\_\_ BAT as indicated above on all accident/injuries. DER initials \_\_\_\_\_  
 We request \_\_\_ UDS and/or \_\_\_ BAT as indicated above on all pre-employment. DER initials \_\_\_\_\_  
 We request \_\_\_ UDS and/or \_\_\_ BAT as indicated above on all random cases. DER initials \_\_\_\_\_  
 We request \_\_\_ UDS and/or \_\_\_ BAT as indicated above on all reasonable suspicion. DER initials \_\_\_\_\_  
 We request that UDS and BAT are done on a a case by case basis(Not recommended) DER initials \_\_\_\_\_

**Result Reporting Method:**

- \_\_\_\_\_ FAX - Confidential fax # \_\_\_\_\_ Attention To: \_\_\_\_\_  
 \_\_\_\_\_ MAIL – Address: \_\_\_\_\_ Attention To: \_\_\_\_\_

**I have read and understand the above information and authorize the setup of services as described in this document. I understand that Marble Falls Minor Emergency Center does not assume responsibility for missed collections and it is the employers responsibility that the employers policies and protocols are followed.**

**Signature:** \_\_\_\_\_ **Name:** \_\_\_\_\_  
**Company title:** \_\_\_\_\_ **Date:** \_\_\_\_\_