


Occupational Health Services, BCH

DRUG SCREENING & ALCOHOL TESTING SERVICES PROTOCOL

COMPANY INFORMATION			
Company:		Billing Address Same As Company? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Address:		Billing Address: (if different)	
City:	State:	Zip:	Billing Address: (if different)
Phone: ()	Secure Fax: ()	Billing Phone: ()	Billing Fax: ()
Primary Company Contact:		Billing Contact:	
Department of Transportation (DOT) Regulated? <input type="checkbox"/> Yes <input type="checkbox"/> No		DOT Substance Abuse Professional: Phone: ()	

COLLECTION LOCATION(S) AND SERVICE PROTOCOL
<p>Boulder Community Hospital – Please call OHS ahead of time whenever possible – (303) 604-4660 <input checked="" type="checkbox"/> Reference Laboratory, 1000 Alpine Ave., #111, Boulder, 8:00 am - 4:30 pm</p> <p>Community Medical Center <input checked="" type="checkbox"/> CMC Laboratory, 1000 W. South Boulder Rd., Lafayette, 7:00 am – 11:00 pm</p> <p>After Hours BCH Drug & Alcohol Testing Services <input checked="" type="checkbox"/> BCH Reference Lab Dispatch to Boulder Community Hospital Emergency Departments for post-accident and for cause only Add \$75.00 charge for this after hours or emergency service</p>

SERVICES PROTOCOL	
Each Collection site will bill for the services provided. Medical Review Officer (MRO) Services are billed by OHS.	
DRUG SCREENING: <input type="checkbox"/> DOT <input type="checkbox"/> Non-DOT <input type="checkbox"/> Both <input type="checkbox"/> Pre-Employment <input type="checkbox"/> Post Accident <input type="checkbox"/> For Cause/As per req <input type="checkbox"/> Random	
BREATH ALCOHOL TESTING: <input type="checkbox"/> DOB <input type="checkbox"/> Non-DOT <input type="checkbox"/> Both <input type="checkbox"/> Pre-Employment <input type="checkbox"/> Post Accident <input type="checkbox"/> For Cause/As per req <input type="checkbox"/> Random	
<input type="checkbox"/> Drug Screening Service Request Collection / LabONE / MRO Services \$32.00 Medical Review Officer (MRO) Services –(required) \$18.00	OCCUPATIONAL HEALTH SERVICES 
<input type="checkbox"/> Collection Only Complete "COLLECTION ONLY" below \$21.00	
<input type="checkbox"/> Pre-Employment Urine Quick Screen (Non-DOT) USQ with negative results – Fax results to Contact \$25.00 Confirmation of a Non-Negative \$20.00	
<input type="checkbox"/> Breath Alcohol Test (BAT) Lab Fee for BAT \$25.00 Confirmation of non-negative test (greater than .02) \$25.00	

IF REQUESTING COLLECTION ONLY			
COMPANY MUST SEND KIT AND CHAIN OF CUSTODY INCLUDING LAB ACCOUNT AND MRO INFORMATION WITH PATIENT TO COLLECTION SITE			
Laboratory:	Lab Contact:	Lab Phone: ()	Lab Fax: ()
Lab Address:	City:	State:	Zip:
MRO Name:	MRO Phone: ()	MRO Fax: ()	
DOT Regulated Employee Representative:		DOT Rep Phone: ()	
If you require additional information or assistance, please OHS at (303) 604-4660, or e-mail to ohscustomerservice@bch.org . This form must be completed before services can be provided. Fax this document to (303) 604-4662, or e-mail to ohscustomerservice@bch.org . All prices listed are firm and payment terms are Net 30. Allow 3-5 business days before scheduling testing.			
_____ <i>Company Contact Signature (typed name is considered electronic signature)</i>		_____ <i>Date</i>	
_____ <i>Date Received in OHS Office:</i>			