

IHSN Collection Site Data Sheet

Please add our collection site to the IHSN Collection Site Database

Company Name: _____

Contact Name: _____

Acct Set-up Contact Name & Phone (if different) _____

Accts Rec/Pay Contact: _____

Mailing Address: _____

Shipping Address (if other than mailing): _____

City: _____ State: _____ Zip: _____

Telephone 1: _____ Telephone 2: _____ FAX: _____

Hours When Testing Services Available

Weekdays: _____

Saturdays: _____

Sundays: _____

Holidays: _____

UPS Pick-Up Time: _____

FedEx Pick-Up Time: _____

Site Services

Yes	No	Service
_____	_____	Staff DOT Training Current
_____	_____	Walk-ins accepted
_____	_____	Collection materials stored on site
_____	_____	Will modify a Custody and Control Form if needed
_____	_____	Tractor/Trailer parking available
_____	_____	BAT's & Collectors on-call 24 hrs
_____	_____	DOT Physicals performed
_____	_____	Pre-employment evaluations

Fees for Services

Fee	Service
_____/_____ _____	DOT/Non DOT Drug Screen Collections
_____/_____ _____	Alcohol Test (Screen/Confirm)
_____ _____	Off-Site (Mobile) Services
_____ _____	DOT Physical including dipstick u/a
_____ _____	After Hours Service Fee

Drug Test Collection Services

Yes	No	Service
_____	_____	In-house collections
_____	_____	Off-Site (Mobile) collections
_____	_____	DOT collection procedures
_____	_____	Non-DOT collection procedures
_____	_____	Observed collection procedures
_____	_____	Collect for multiple labs

Alcohol Testing Services

Yes	No	Service
_____	_____	In-house testing
_____	_____	Off-Site (Mobile) testing
_____	_____	DOT alcohol testing procedures
_____	_____	Non-DOT alcohol testing
_____	_____	Screen and confirmatory testing
_____	_____	Screen testing only
_____	_____	Saliva Testing Devices
_____	_____	Breath Alcohol Testing Devices

After Hours Testing Information

Contact: _____

Phone Number: _____

Alt. Phone Number: _____

Instructions: _____

Signature of Authorized Representative Date _____