

# **State of Kansas**

## **Collection Site Passport**

**NON - DOT**

**Donor Name:** \_\_\_\_\_

**Donor Social Security #:** \_\_\_\_\_

**Account # 6203** \_ \_ \_ \_ \_

### ***COLLECTION SITE INFORMATION:***

***Collection site:*** \_\_\_\_\_

***Address*** \_\_\_\_\_

\_\_\_\_\_

***Phone #*** \_\_\_\_\_

***Appt. Date & Time:*** \_\_\_\_\_

### ***INSTRUCTIONS TO CLINIC REPRESENTATIVE***

### ***DO NOT TURN THIS DONOR AWAY!***

You have been set up as a collection site for the above referenced customer. Please collect this donor's drug screen sample using the previously shipped, customer specific Chain of Custody forms and the previously faxed procedures and protocol.

- ***FAX copy of chain to: Attn Danelle Harsin @ 785-296-6918***

### ***DO NOT BILL THE DONOR OR THE CUSTOMER***

You will be paid by University Services. These arrangements have been discussed at the time of the customer set-up with your facility. Should you have any questions, please Colleen Ward @ (800)624-3784

***Labcorp Laboratory***

**1904 Alexander Drive  
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800.800.4522**

