

STATE OF KANSAS

Collection Site Passport

****Billing Account #: 6203 _ _ _ _ ****

NON-DOT CDL (Excluding KDOT)

(State of Kansas Alcohol and Controlled Substance Testing Program)

Donor Name: _____
(donor must have picture ID to show to collection site personnel)

Donor Social Security #: _____

Collection Site ~ Name: _____
Address: _____
Phone: _____

APPOINTMENT DATE/TIME: _____

Type of test(s) to be conducted:

- Drug test (NIDA/5 panel)
 Alcohol test (breath collection)

Reason for testing:

- Pre-Employment/Pre-Duty Return to Duty
 Random Post-Accident
 Follow-up Reasonable Suspicion

Special Testing Instructions: normal collection _____

***INSTRUCTIONS TO CLINIC REPRESENTATIVE
DO NOT TURN THIS DONOR AWAY!***

Designated Employer Representative (DER)

Send employer copy of drug testing chain of custody and/or breath alcohol testing form to:

Kraig Knowlton

State of Kansas

LSOB, Rm. 252

900 SW Jackson; Topeka, KS 66612-1251

Phone: 785.296.1082

Secured Fax: 785.296.6918

Email: Kraig.Knowlton@da.state.ks.us

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

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 contact Colleen Ward @ (800) 624-3784

Labcorp Laboratory

1904 Alexander Drive

Research Triangle Park, NC 27709

800.800.4522

Contact Colleen Ward @ (800)624-3784

for supplies of pre-printed chain of custody forms, billing, collection protocol

**FAX MRO COPY OF DRUG TEST CHAIN OF CUSTODY TO
UNIVERSITY SERVICES WITHIN 24 HOURS OF COLLECTION**

Ben Gerson, MD

University Services

10551 Decatur Road, Suite 200

Philadelphia, PA 19154

Toll Free Phone: 800.624.3784

Phone # 215.637.6800

FAX: 215.637.6998

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