

KANSAS DEPARTMENT OF TRANSPORTATION

Collection Site Passport

****Billing Account #: 6201 27600****

(State of Kansas Alcohol and Controlled Substance Testing Program for Commercial Drivers)

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 Federal DOT test(s) to be conducted:

- DOT drug test (NIDA/DOT 5 panel)
 DOT alcohol test (breath collection)

Reason for Federal DOT testing:

- | | |
|--|---|
| <input type="checkbox"/> Pre-Employment/Pre-Duty | <input type="checkbox"/> Return to Duty |
| <input type="checkbox"/> Random | <input type="checkbox"/> Post-Accident |
| <input type="checkbox"/> Follow-up | <input type="checkbox"/> 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:

Sandy Flickinger

Kansas Department of Transportation
Bureau of Personnel Services, ESOB
700 SW Harrison; Topeka, KS 66603-3754

Phone: 785.296.2154
Secured Fax: 785.368.6570
Email: sandyf@ksdot.org

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 at (800)624-3784.

LabCorp Laboratory

1904 Alexander Drive
Research Triangle Park, NC 27709
Phone: 800.800.4522

Please contact Colleen Ward @ (800)624-3784 for:

supplies of pre-printed chain of custody forms, billing info, and 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 Number: 215.637.6800
Fax # 215.637.6998

KDOT Area Contact: (for questions regarding the appointment date and time)

Name: _____
Location: _____
Phone: _____

Distribution: Original to Collection Site (carried by donor)

Copy to KDOT, Bureau of Personnel Services (fax and e-mail accepted)

Rev. 07/02/2007