



## State of Delaware



### Clinic Passport and Collection Site Procedures

Donors should have a completed copy of this Clinic Passport at the time of their specimen collection appointment.

#### Donor Information

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

Donor Driver's License #: \_\_\_\_\_

ID# reported to DDOE: \_\_\_\_\_

Authorized By: \_\_\_\_\_

#### Employer

Name: \_\_\_\_\_

Address: \_\_\_\_\_

**\*For MedExpress Use: Athena #656143**

#### Collection Information

Type of Test to be performed: (Check only one box)

☐ DOT Drug Test **ONLY**

☐ DOT Drug Test & DOT BAT **ONLY**

\_\_\_\_\_ Quest or LabCorp DOT Account #

☐ NON-DOT Drug Test **ONLY**

☐ NON-DOT Drug Test & NON-DOT BAT **ONLY**

\_\_\_\_\_ Quest or LabCorp NON-DOT Account #

Reason for Test: (Check only one box)

☐ Pre-Employment

☐ Random

☐ Post Accident

☐ Reasonable Suspicion

☐ Other: \_\_\_\_\_

If the donor is going in for a Urine Drug Screen collection, please enter the Quest or LabCorp Account Number to be used for the drug test collection. This will enable the collection site to do the collection electronically. If sending the employee to a site that does not use electronic testing, please provide the employee with a copy of the Chain of Custody. **\*\*\*ALL DOT TESTS ARE FMCSA REGULATED!!**

**Collection Site Instructions: (All drug tests should be a 5-Panel – unless otherwise notified)**

#### **PLEASE DO NOT TURN THE DONOR AWAY**

An account has been established with your facility to provide Drug &/or Alcohol collections for this client, on behalf of **Energetix**. If this sheet is presented to you and you are not pre-arranged as a collection facility for **Energetix**, please contact us IMMEDIATELY at the number listed below.

Please collect this donor's drug screen sample using the customer specific Chain of Custody forms following the previously arranged procedures and protocol. Should you have any questions, please contact **Energetix** at the number listed below.

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

ALL billings should be sent to **Energetix** as pre-arranged. **Energetix** will pay pre-arranged fees for the collection of urine and the BAT test ONLY. These arrangements have been discussed at the time of customer set-up with your facility.

#### **Energetix**

2000 N. Drexel Blvd  
Oklahoma City, OK 73107

Office Phone: (516) 505-0362

Secured Fax: (405) 602-8402

#### **BREATH ALCOHOL TEST ONLY**

Breath Alcohol Tests being performed by your facility should be released IMMEDIATELY to **Energetix**. It is important that the completed BAT form is faxed IMMEDIATELY to (405) 602-8402 and then emailed to **Energetix** at [drugtesting@energetixholdings.com](mailto:drugtesting@energetixholdings.com). This is a SECURED Fax. **For any POSITIVE Breath Alcohol Test, please IMMEDIATELY contact the Employer.**