



State of Delaware



Clinic Passport and Collection Site Procedures

Account Number _____

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 i3screen: _____

Authorized By: _____

Employer

Name: _____

Address: _____

Collection Information

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

☐ DOT Drug Test **ONLY**

☐ DOT Drug Test & DOT BAT **ONLY**

☐ DOT BAT **ONLY**

☐ NON-DOT Drug Test **ONLY**

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

☐ NON-DOT BAT **ONLY**

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 make sure to provide the donor with a chain of custody form.

(All drug tests should be a 5-Panel – unless otherwise notified)

Collection Site Instructions:

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 **i3screen, llc**. If this sheet is presented to you and you are not pre-arranged as a collection facility for **i3screen, llc**, 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 **i3screen, llc** at the number listed below.

PLEASE DO NOT BILL THE DONOR OR THE CUSTOMER

ALL billings should be sent to **i3screen, llc** as pre-arranged. **i3screen, llc** 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.

i3screen

PO Box 17409

Denver CO 80217

Office Phone: (877) 585-7366

Secured Fax: (855) 253-5666

BREATH ALCOHOL TEST ONLY

Breath Alcohol Tests being performed by your facility should be released IMMEDIATELY to **i3screen, llc**. It is important that the completed BAT form is faxed IMMEDIATELY and then mailed to **i3screen, llc** at (855) 253-5666. This is a SECURED Fax. For any POSITIVE Breath Alcohol Test, please IMMEDIATELY contact the Employer.

January 29, 2020