



Date _____

Peggy Levins
FirstLab
1364 Welsh Road, Suite C-2
North Wales, PA 19454-1913
FAX: 215-540-3923

Dear Ms. Levins:

My Company (identified below) would like to participate in FirstLab's Coast Guard Consortium Drug Testing Program.

Name of company

Street address (Please use actual street address and not a P.O. Box)

City, State, Zip

Phone

Fax

Email

Primary Contact (Name and Title)

Check appropriate boxes: **DOT employees, how many to be covered?** _____

Non-DOT employees, how many, if any, to be covered? _____

It is our understanding that this agreement provides third-party administration of all necessary requirements to comply with the federal regulations for drug testing. Services provided under this agreement include complete drug testing services, collection of the specimen at local approved collection facility, analysis of specimen, initial and confirmation testing, Medical Review Officer services, random selection, technical assistance and Substance Abuse Professional referral services. It is also understood that the contract per-test price of **\$40.00* per drug test** (For pre-employment and/or randoms done at a Patient Service Center PSC) includes all services listed above.

Annual consortium membership fees will be as follows **1 – 10 employees - \$30.00; 11 – 24 employees - \$75.00; 25 and above employees - \$125.00 per year fee.**

**Post accident and/or emergency after hours testing will be on a case-by-case basis with all extra charges as a pass through to the client.*

Authorized Signature

Printed name and title

If you have any questions please contact FirstLab at 800-732-DRUG (3784)
Please complete and fax back to Peggy Levins to. 215-540-3923