



COLLECTION SITE INFORMATION

(Please complete every section of this form, if something does not apply to your facility mark it as N/A)

Name: _____

Address: _____ (City, State & Zip)

Site Contact: _____ Ph: () _____ Fax: () _____

Email address: _____

Billing Name (Name of company that handles your invoicing): _____

Billing Address: _____ (City, State & Zip)

Billing Contact: _____ Ph: () _____ Fax: () _____

Employer ID Number (E.I.N.): _____ 1099 - Yes or No ****Please Fax W9 with Form**
 (Information should be obtained from Accountant or Billing Dept.)

****Fees** (FirstLab is not responsible for payment of specimens rejected by the laboratory; sent to wrong lab; or collected on wrong CCF due to collector error)

| Collection ONLY | In Office | After Hrs |
|---------------------------|-----------|-----------|
| DOT Urine Drug Screen | \$ | \$ |
| NON-DOT Urine Drug Screen | \$ | \$ |
| Blood Draw | \$ | \$ |
| POCT (Instant Test) | \$ | \$ |
| Hair Collection Only | \$ | \$ |
| DOT Physical | \$ | \$ |

| Breath Alcohol ONLY | In office | After Hrs | Type of EBT Device(s) |
|---|-----------|--|---|
| Screening Test | \$ | \$ | |
| Confirmation Test | \$ | \$ | Serial Number(s): |
| Screening + Confirmation | \$ | \$ | |
| Saliva Screening | \$ | \$ | Type of ASD ##### |
| Observed Collections | \$ | \$ | Male <input type="checkbox"/> Female <input type="checkbox"/> |
| <input type="checkbox"/> Minority Business Enterprise | | <input type="checkbox"/> Woman-owned Business Enterprise | |

Office Hours: _____ (Specify S M T W T H F S) Walk-in or Appt Req.

After Hours collections Yes or No Cell Ph/Pager # _____

After Hours charges \$ _____ Contact _____

Mobile Testing? Yes or No (if yes, please call for Mobile Fee Form)

One-Time Collections? Yes or No (FirstLab would instruct a donor to walk-in or make an appt. for a urine drug screen collection at your facility. FirstLab would fax you the donor's name, social, acct. number, MRO & billing information.)

Certified Collectors? Yes or No (Your DOT urine drug screen collectors & Breath Alcohol technicians must be in compliance with the requirements of the Dept. of Transportation rules and regulations.)

Notes: _____

Signature of Agreement: _____

Date: _____

This agreement shall exist for one year, with automatic annual renewal. Any changes to this agreement must be submitted to FirstLab in writing, 60 days prior to implementation.

Indemnification. Collector agrees to indemnify, defend and to hold FirstLab harmless from any costs, claims, judgments, losses, damages or expenses, including reasonable attorneys' fees, which FirstLab incurs because of any negligent conduct, acts, and/or omissions of Collector in performance of its duties under this agreement.

Completion of collection activity on behalf of FirstLab in accordance with the terms and conditions of this form shall constitute acceptance and agreement to comply with all terms herein. The terms and conditions of this agreement shall be construed in accordance with the laws of the Commonwealth of Virginia

Please fax this form and a W9 to Brenda Nicodemus at FirstLab, 215-371-5933. Thank you.