

REPORTING CONTACT FORM

The **Primary Reporting Contact** will be the main contact with full access to all information and results concerning drug and/or alcohol test, and is responsible for approving any and all account changes. Results of drug testing and substance abuse evaluations will be reported to the Reporting Group. The reporting group will be responsible for receiving the results from the Drug and/or Alcohol tests for all employees and maintaining record keeping in a confidential manner.

PRIMARY REPORTING CONTACT

First Name	Last Name	Email Address	Work Number	Cell Number
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The **Primary Billing Contact** will be the main contact with full access rights to all confidential billing information concerning drug and/or alcohol tests and received all invoices for these. **Invoices for drug testing and substance abuse evaluations will be made available to the Billing Group online through our secure web portal.** The billing group will be responsible for receiving the invoices for the Drug and/or Alcohol tests for all employees and maintaining record keeping in a confidential manner. Once the detailed invoice has been audited by the **Primary Billing Contact**, a second portion of the bill, non-confidential, can be sent to Accounts Payable for payment. **Ensure the billing contact is aware of their name being used.**

PRIMARY BILLING CONTACT

Same As Above

First Name	Last Name	Email Address	Work Number	Cell Number	Restriction No Results <input type="checkbox"/>
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The **Primary Occ Health Reporting Contact** will be the main contact with a **Fit Certificate** level of access to all information and results for Occupational Health testing and evaluations. The **Primary Occ Health Reporting Contact** will act as the first point of contact for the account and troubleshooting matters related to Occupational Health testing. This includes being the point of contact for physicians with any actionable medical concerns.

PRIMARY OCC HEALTH CONTACT (IF APPLICABLE)

Same As Reporting Contact

First Name	Last Name	Email Address	Work Number	Cell Number
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Additional Contacts

To be used if you require additional contacts to have access to this account. Let your Sales Representative know if you have specific access level needs that are otherwise not listed here.

DESIGNATED EMPLOYER REPRESENTATIVE

First Name	Last Name	Email Address	Work Number	Cell Number	Contact Access Level		
					Booking Only	Results	Billing
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Any violation of confidentiality due to the above method of reporting will be the responsibility of the undersigned

Date

Company Representative's Name

Signature

Check if replying by email

Please fax back to: 1.855.440.1123
Thank you for your business.

When results matter.[®]