

Boulder Community Reference Laboratories DRUG SCREENING & ALCOHOL TESTING SERVICES PROTOCOL

COMPANY INFORMATION			
Company:		Billing Address Same As Company? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Address:		Billing Address: (if different)	
City:	State:	Zip:	Billing Address: (if different)
Phone:	Secure Fax:	Billing Phone:	Billing Fax:
Primary Company Contact:		Billing Contact:	
Department of Transportation (DOT) Regulated?: <input type="checkbox"/> Yes <input type="checkbox"/> NO		DOT Substance Abuse Professional: Phone: ()	

COLLECTION LOCATION(S) AND SERVICE PROTOCOL

Boulder Community Hospital
Reference Laboratory, 1000 Alpine Ave., #111, Boulder,
8:00 am – 4:00 pm (Monday-Friday)

Community Medical Center
CMC Laboratory, 1000 W. South Boulder RD., Lafayette,
Routine/Pre-Employment 9:00 am – 4:00 pm, (Monday-Friday)
Post accident and reasonable suspicion *only*: 7:00 am – 11:00 pm (Monday-Saturday)

After Hours BCH Drug & Alcohol Testing Services
For post-accident and for cause only. Add \$150.00 charge for this after hours or emergency service. (Monday-Sunday/Holidays)

SERVICES PROTOCOL (Select all that apply)

Drug Screening:	<input type="checkbox"/> DOT	<input type="checkbox"/> Non-DOT	<input type="checkbox"/> Both	<input type="checkbox"/> Pre-Employment	<input type="checkbox"/> Post Accident	<input type="checkbox"/> For Cause/As per req	<input type="checkbox"/> Random
Breath Alcohol Testing:	<input type="checkbox"/> DOT	<input type="checkbox"/> Non-DOT	<input type="checkbox"/> Both	<input type="checkbox"/> Pre-Employment	<input type="checkbox"/> Post Accident	<input type="checkbox"/> For Cause/As per req	<input type="checkbox"/> Random
<input type="checkbox"/> Non-DOT Drug Screening Service				\$50.00			
Request Collection/Quest Diagnostics/Includes MRO Service (5 Panel-THC,AMP,COC,PCP,OPI) 5-7 Business Days							
<input type="checkbox"/> DOT Drug Screening Service				\$60.00			
Request Collection/Quest Diagnostics/Includes MRO Service (Standard DOT 7 panel) 5-7 Business Days							
<input type="checkbox"/> Collection Only				\$30.00			
Collect Specimen and send to your designated lab Must complete "COLLECTION ONLY" section below							
<input type="checkbox"/> Pre-Employment Urine Quick Screen (Non-DOT)				\$40.00			
(5 Panel-THC,AMP,COC,PCP,OPI) UDS results available to employer within 6 hours Non-negative results sent to lab for additional testing							
<input type="checkbox"/> After Hour Service				\$150.00			
For after hour collection of post-accident/reasonable suspicion *** (We will not perform after hour collections on those who do not select this option) ***							
<input type="checkbox"/> Breath Alcohol Test (BAT)							
Screening Test				\$35.00			
Confirmation test (For screening greater than .02)				\$20.00			



IF REQUESTING COLLECTION ONLY

Company Must send kit and chain of custody including lab account and MRO information with patient to collection site

Laboratory:	Lab Contact:	Lab Phone:	Lab Fax:
Lab Address:	City:	State:	Zip:
MRO Name:	MRO Phone:	MRO Fax:	
DOT regulated Employee Representative		DOT Rep PHONE:	

If you require addition information or assistance, please call the Lab at (303) 440-2315, or e-mail to Lab@bch.org. This form must be completed before services can be provided. Fax this document to (720) 565-3727. All prices listed are firm and payment terms are Net 30. Allow 3-5 business days before scheduling testing.

Company Contact signature (typed name is considered electronic signature)	Date
Received by: (Sign and Print name)	Date