



Occupational
Medicine Associates



Paula A. Lantsberger, MD, MPH, FACOEM
Terrence D. Rempel, MD, MPH, FACOEM
Royce F. Van Gerpen, MD, MPH,
323 East Second Avenue
Spokane, WA 99202
509.455.5555 Toll Free 855-676-9
509.455.4114 FAX
www.omaspokane.org

Clinic/Collection Services Referral

Employer: Please complete this form and send with applicant or employee to the collection site. If post accident, inform the collection site of the accident time to allow for a collections within 2 hours and notify OMA if we can assist in arranging a timely and compliant collection.

Employee/Applicant: Bring drivers license or photo ID and this form to the collection site. Be prepared to wait up to 3 hours if an adequate urine sample cannot be provided. Upon arrival at collection site, give the receptionist this form; have them fill in the date and time of your arrival. Remember to return this form to your employer when you are done.

Employee Name: _____ Employee ID/SS#: _____

Employer: _____ Employer Phone: _____

Authorized By: _____ Title: _____

Date/Time Notified To Complete Test: _____ Date/Time Arrived At Collection Site: _____

Time Employee Released From Collection Site: _____

SERVICES TO BE PERFORMED: (Check the Requested Services Below)

URINE DRUG SCREEN

CIRCLE ONE: DOT NON-DOT

- _____ Pre-Employment
- _____ Random
- _____ Post-Accident
- _____ Reasonable Cause
- _____ Follow up (if non-DOT is observed required?)
Yes ___ No)
- _____ Return To Duty (if non-DOT is observed required?)
Yes ___ No)
- _____ Other _____

BREATH ALCOHOL

CIRCLE ONE: DOT NON-DOT

- _____ Pre-Employment
- _____ Random
- _____ Post-Accident
- _____ Reasonable Cause
- _____ Follow up
- _____ Return To Duty
- _____ Other _____

Information for collection site Personnel:

If this is a DOT test the collector must hold current collector certifications and meet all current DOT standards. If you are not certified or, have any questions or concerns, please call our office prior to collection.

PROBLEMS: Contact Jenni Carr at OMA 509-455-5555 ext. 224.

ALCOHOL REPORTS: Contact employer with positive results. Fax all copies of results to OMA **509-456-2851**.

PROTOCOL: All DOT testing must comply with DOT 49 CFR Part 40 Regulations.

FAX IMMEDIATELY: Fax copy of CCF and copy of BAT if done. Fax #'s 509-455-4114 or 509-456-2851 or email copies to carrj@omaspokane.org

BILLING: Billing for drug screen collections and BATS go to OMA. We must have copies of CCF and BAT in order to pay for services.