



Paula A. Lantsberger, MD, MPH
 Terrence D. Rempel, MD, MPH
 Royce F. Van Gerpen, MD, MPH
 323 East Second Avenue
 Spokane, WA 99202
 509.455.5555
 509.455.4114 FAX

Clinic/Collection Services Referral – PAML

Employer: Please complete this form and send with applicant or employee to OMA or 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: Bring picture ID and this form to the OMA. Be prepared to wait up to 3 hours if an adequate urine sample cannot be provided. Upon arrival at OMA, give the receptionist this form, have them fill in the date and time of your arrival. Remember to return this form to your employer after the clinic visit.

EMPLOYEE NAME: _____ EMPLOYEE ID/SSN#: _____
 EMPLOYER: _____ EMPLOYER PHONE: _____
 AUTHORIZED BY: _____ TITLE: _____
 DATE/TIME REFERRED: _____ DATE/TIME ARRIVED: _____
DATE/TIME LEFT FOR OMA DATE/TIME ARRIVED AT OMA
 TIME RELEASED: _____
TIME RELEASED FROM OMA

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
- Return to Duty
- Other _____

BREATH ALCOHOL

Circle One: DOT NON-DOT

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

Information for OMA/Collection Site Personnel:

If this is a DOT test for drugs or alcohol the collector must hold current collector certifications and meet all current DOT collector standards. If you are not certified or are unsure about your level of certification, call our office prior to conducting the collection.

Problems: Contact Jenni Carr at OMA at 509-455-5555 Extension 224 if abnormalities in collection or if you have questions.

Alcohol Reports: Contact the employer with positive alcohol test results. In all cases mail the employer copy to the employer. Also note below that you need to fax Alcohol test results to OMA at 509-456-2851.

Protocol: All DOT testing shall comply with DOT 49 CFR Part 40 Regulations.

Give to Donor: This referral form (note their arrival/departure time) and the donor copies of CCF.

LAB: PAML (drug testing), normal shipping via PAML courier, call 1-800-541-7891 if pick up is needed.

FAX Immediately: Fax pink copy of COC (Page #4) to MRO and/or the Employer copy of alcohol chain of custody to OMA at 509-456-2851. We need the faxed copy for data entry and billing purposes.

*****It is critical that you send these copies by fax immediately. Thank you.******

Billing: OMA, 323 E. Second Ave. #102, Spokane, WA 99202