

SEND THIS FORM WITH EMPLOYEE WHEN SEEKING MEDICAL TREATMENT

Drug Collection & BAT Request Form

Employee Name: _____ DOB: _____
Date of incident: _____

Employer: RUTHERDFORD COUNTY

Address: Insurance & Risk Management 303 N Church St, Suite 100, Murfreesboro, TN 37130

Contact: Susan Thompson, Safety Coordinator Phone: 615-898-7715, ext 7717 Fax: 615-713-3441

Lab: Alere

MRO: Greg Elam, MD

Check all services to be performed and mark the reason for the testing here: Services to Perform:

	*Reason for Test:
<input checked="" type="checkbox"/> Non-DOT Drug Collection*	<input checked="" type="checkbox"/> Post Accident
<input checked="" type="checkbox"/> Non-DOT Breath Alcohol Test*	
<input type="checkbox"/> DOT Drug Collection (FMCSA)*	
<input type="checkbox"/> DOT Breath Alcohol Test*	

COLLECTOR, BAT & BILLING INSTRUCTIONS:

- Please use the Pre-printed Alere chain of custody forms sent to you for **Rutherford County**. Please call NTS at 615-353-1888 if you cannot locate an account or forms for this company/client.
- Fax MRO copy of custody form to 615-356-1890 on the same day as collection takes place.
- Please email Employer Copies of Drug Testing and/or Breath Testing forms to: safety.oji@rutherfordcountyttn.gov.
- Please call ALL Positive Breath Alcohol Results, notification of shy lung, refusal to test or any special situations to Insurance & Risk Management at 615-898-7715 Ext 7717 or c e ll 615-405-5656.

Please contact NTS Staff or Dr. Greg Elam at 615-353-1888 with any questions or problems regarding a drug collection or Breath Alcohol Test.

***BILLING FOR DRUG COLLECTIONS and BATs should be sent to:**

National Toxicology Specialists
1425 Elm Hill Pike
Nashville, TN 37210

Attn: Tim Shoaf, Accts Payable
Phone: 615-353-1888
Fax: 615-356-1890

DO NOT BILL THE EMPLOYER OR THE PATIENT

National Toxicology Specialists
1425 Elm Hill Pike. Nashville, TN 37210

Ph: 615-353-1888
Fax: 615-356-1890