



"Your Drug Testing Experts"

Phone: 208-884-4100 | (800)388-3204 | Fax: 800-377-8178 | P.O. Box 568, Meridian, ID 83680

# Account Setup Form

Date Client Name

Main Contact Name/Title Sub Accounts/Divisions (If Applicable)

## Client Information

Office Phone Cell Phone Email Address

Address

City State ZIP Code

Office Location(s)/Employee Location(s) (Address for Clinic Proximity)

DOT Agency /# DOT Employees # NonDOT Employees / Random Pool (Y/N)

Preferred Random Selection Frequency Instant/Rapid Required For NonDOT Tests?

Previous Clinic Locations Used Onsite Mobile (Y/N) & Testing Reasons?

Main Contact (Email, Online Portal, Both) Scheduling/Results/Randoms/Roster Update Invoice Contact (Name, Title, Email, Ph#)



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**Additional User (Name, Title, Email, Ph#)**

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**User Access (Email, Online Portal, Both)  
Scheduling/Results/Randoms/Roster  
Update**

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