BIO-MED
TESTING SERVICE INC

Commercial Drivers Only:
Please complete and send a copy with any person being sent in for a drug or alcohol test.

Company name: <u>MULTNOMAH COUNTY</u>   Account #: <u>16765</u>

Donor name (employee or prospective employee) _____ / _____
                                                   (NAME)   (Last 4 of SSN)

REPORT with this letter and photo identification (driver's license or other photo ID card issued by a governmental agency) to:

BIO-MED approved collection site: (check one)

☐ **Legacy Central Lab**
   1225 NE 2nd Avenue
   Portland, OR 97232
   Ph: 503-413-5000
   24 Hours
   Call prior to going on Saturday/Sunday

☐ **Gresham Urgent Care**
   2850 E. Powell Valley Road, #100
   Gresham, OR 97080
   Ph: 503-924-1388

Company: Please ✓ appropriate test for DOT test (commercial drivers only)

☐ Pre-employment DOT/NIDA Drug Test

☐ Random DOT/ NIDA Drug   ☐ Random DOT/ NIDA Breath Alcohol Test

☐ Post Accident DOT/ NIDA Drug & Alcohol Test
(only if fatality, OR if driver receives a citation along with one or more towed vehicle OR if driver receives a citation along with any person injured in such a way that they had to be removed from the scene for medical treatment – Call BIO-MED 1-800-434-6654 if questions)

☐ Reasonable Cause Drug Test   ☐ Reasonable Cause Breath Alcohol Test

☐ Return-to-Duty Drug Test   ☐ Return-to-Duty Breath Alcohol Test

☐ Follow-up Drug Test   ☐ Follow-up Breath Alcohol Test

Collection site: For DOT test, use Legacy as lab and Dr. Ben Gerson as MRO;
Immediately FAX MRO COPY to 215-637-6998 and to Bio-Med at 503-315-8995

** DONOR/EMPLOYEE ** You must report immediately to the collection site upon receiving this letter to provide a urine sample for drug testing and a breath alcohol test; or it will be considered a refusal to test.

Donor Signature Acknowledging Receipt: _____

SUPERVISOR
Instructions: Have the employee sign above acknowledging receipt of this letter, initial below indicating the time and date the employee received the letter, and then send a copy to Labor Relations/Drug and Alcohol Policy Coordinator MC 503/3. A copy should also be provided to the employee.

Supervisor Signature: _____ Date/Time Donor received letter: _____ / _____AM/PM
                                                                          (Date)   (Time)