

**NON-Commercial Drivers Only:**

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

Company name: MULTNOMAH COUNTY

Account #: 16764

Donor name (employee or prospective employee) \_\_\_\_\_ / \_\_\_\_\_

(NAME)

(Last 4 of SSN)

**REPORT with this letter and photo identification** (driver's license or other card with your picture and identification on it) to:

**BIO-MED approved collection site: (check one)**

☐ **Legacy Central Lab**

1225 NE 2<sup>nd</sup> 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

**Not for commercial drivers – Non-DOT testing only**

**PURPOSE ( ✓ one)**

☐ Random

☐ Reasonable Cause

☐ Return to Duty

**Panel 3 & Breath Alcohol on all donors**

**\*\* Collection Site → Use Legacy single specimen collection/ BIO-MED acct # 16764.**  
Bill BIO-MED for the collection

***Immediately fax copy of BAT & CCF 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)