Legacy Laboratory Services–Toxicology

New Client Information Form

Please complete this form and either fax a printed version to 503-413-4621 or attach the completed PDF to an email to Legacy Laboratory Services–Toxicology at metrolab@lhs.org.

If you have any questions or need assistance, call Legacy Client Services at 503-413-5295 or 800-950-5295, or email Legacy Laboratory Services–Toxicology at metrolab@lhs.org.

Items in red are required.

Items in blue are links to external sources.

Demographic information

Today's date	Date to begin testing *(Please allow one week from date of submission.)*	
Business name		Number of employees
Street address	P.O. Box	
City	State	ZIP
Phone	Fax	
Contact person submitting information	Title	
Email	Referred by	

Substance abuse policy

Do you have a substance abuse policy in place? ☐ Yes ☐ No

If yes, have your employees been notified? ☐ Yes ☐ No

Testing

Employees regulated by DOT, FHA, FAA or Coast Guard are subject to a federally mandated protocol under the Substance Abuse and Mental Health Services Administration (SAMHSA).

For information about federal regulations, including 49 CRF Part 40, Procedures for Transportation Workplace Drug and Alcohol Testing Programs, see the Department of Transportation.

Testing category

☐ SAMHSA (federally mandated protocol)

☐ Non-SAMHSA (see protocol choices on page 2

SAMHSA random selection by Choose one

Legacy Laboratory Services–Toxicology

New Client Information Form

Testing protocol (non-SAMHSA)

Check the box to select each purpose for testing. Then choose the test panel desired from the Panel menu and an option for evidential breath alcohol testing from the Breath Alcohol menu.

For a description of the test panels, click here.

☐ Pre-employment (post-offer)	Panel	Choose one		
☐ Random or periodic	Panel	Choose one	Breath alcohol	Choose one
☐ Reasonable cause	Panel	Choose one	Breath alcohol	Choose one
☐ Post-accident	Panel	Choose one	Breath alcohol	Choose one
☐ Other	Panel	Choose one	Breath alcohol	Choose one

Collection sites

For a list of drug testing collection sites in the Portland-Vancouver area (including maps), click here.

Collection sites outside the Portland-Vancouver area are required. ☐ Yes ☐ No

Confidentiality and contacts

Results or account information will be discussed only with authorized company contacts, including a medical review officer (MRO) with your optional designation.

Primary contact	Phone
Secondary contact	Phone
MRO name	Phone
MRO address	Fax

Legacy Laboratory Services–Toxicology

New Client Information Form

Results reporting options

☐ SAMHSA (DOT)

All SAMHSA results must be reported directly to your MRO. Skip to "Invoice instructions," below. There is no need to complete the remainder of this section.

☐ Non-DOT — Select one of each of the options below.

☐ Fax report to secure fax number. *(Secure agreement will be faxed for signature)* Fax:

☐ IVR — Interactive voice response and mailed report to primary contact. Use your unique telephone code to access confidential reports at your convenience.

Send results to medical review officer (MRO) for evaluation? *(For a definition of MRO, click here.)*

☐ Yes — send **all** results to the MRO. Send no results directly to the company.

☐ Yes — send **positive results only** to the MRO. Report negative results to authorized company contacts.

☐ No — MRO evaluation is not requested at this time. Report all results directly to authorized company contacts. .

Invoice instructions

Legacy Toxicology mails invoices at the beginning of each month for services provided during the previous month. Payment is expected within 30 days from date of invoice.

Send invoice to:

☐ Primary contact at mailing address in demographic information.

☐ Accounts payable contact, below.

Accounts payable contact	Phone	
Address		
City	State	ZIP

Do you need more information?

Use this space to ask questions or request special account information.