



**Testing Notification**  
**(Employer and MRO Information)**



**Section 1**

State of Alaska  
550 W. 7th Ave, Suite 1960  
Anchorage, AK 99501  
DER: refer to protocol/CCF

Dr. Janelle Jaworski  
9501 Northfield Blvd  
Denver, CO 80238  
Phone: 877-585-7366 Fax: 855-253-5666

**Section 2 (To be completed by employer representative conducting notification)**

Complete the employee information in Section 2 and check the appropriate boxes in Section 3. Incomplete or incorrect information may result in non-compliance with annual DOT statistical reporting requirements.

Employee Name: \_\_\_\_\_

Employee ID: \_\_\_\_\_

Notification Date: \_\_\_\_\_

Notification Time: \_\_\_\_\_

DOB: \_\_\_\_\_

Phone: \_\_\_\_\_

Clinic Name and Location: \_\_\_\_\_

**REFUSAL TO TEST**

**Donor:** Failure to appear for any test within a reasonable amount of time (as determined by Employer), failure to remain at the testing site until the testing process is complete, or failure to provide sufficient breath or urine sample (as applicable) without adequate medical explanation will be considered a refusal to test. A refusal to test will result in reporting to the appropriate authorities if found to be in violation of 49 CFR 40.191 or 49 CFR 40.261

**Random Testing**

**Donor:** You must report, without delay, **IMMEDIATELY AFTER** the notification time. Failure to do so can be considered a refusal to test.

**Collector:** You **MUST** receive authorization from the DER to proceed with the collection if the donor does not report **IMMEDIATELY**.

Presented (Name of Individual Conducting Notification) **Acknowledged (Signature of Employee/Donor)**

**Section 3 (Employer completes)**

DOT-FMCSA

Non-DOT 5 Panel

Urine Drug Screen

Breath Alcohol Test

Direct Observed

**Section 4 (Employer)**

Pre-Employment

Random (**DOT ONLY**)

Post-Accident

**Reason For Testing**

Follow-up

Return to Duty

Reasonable Suspicion/Cause

**Medical Review Officer (MRO):**

Copy 2 of the CCF to the MRO. You must fax or otherwise transmit these copies to the MRO within 24 hours or during the next business day. Keep Copy 3 for at least 30 days, unless otherwise specified by applicable DOT agency regulations.

Alcohol results do not require MRO review but we do ask for MIS reporting you also provide the alcohol testing form to the MRO.

Fax: 855-253-5666 | Email: [dataentry@i3screen.com](mailto:dataentry@i3screen.com) | [upload.i3screen.net](http://upload.i3screen.net)

**Designated Employer Representative (DER):**

Copy 4 to the DER. You must fax or otherwise transmit these copies to the DER within 24 hours or during the next business day.

Immediately notify the DER if the employee has a breath alcohol confirmation test result of 0.02 or higher. Forward Copy 1 to the employer as soon as testing is completed. Authorization forms should also be sent to the DER via email or fax. If you cannot email or fax, you must mail the employer their copies.

Employer Representative Name: \_\_\_\_\_

Employer Representative Phone: \_\_\_\_\_

**Billing:**

Please submit all invoices to: Premier Biotech 723 Kasota Ave SE, Minneapolis, MN 55414

Email Invoices: [docs+biotechinc@ap-docs.com](mailto:docs+biotechinc@ap-docs.com)

If you are a Quest PPN site you will be reimbursed for the drug screen collection via the standard process.

**Check out:**

Collectors Signature: \_\_\_\_\_

Time In: \_\_\_\_\_

Time Out: \_\_\_\_\_