

## Drug & Alcohol Testing Enrollment Form

To enroll your company for drug & alcohol testing services at MultiCare Occupational Medicine, complete this form, sign and return to Account Services at: email [occmed@multicare.org](mailto:occmed@multicare.org) (preferred), or fax 253-459-6708  
*Please include a commercial account application if not already open.*

### Company/Employer

<b>Company Name:</b> _____	<b>Dept / Division:</b> _____
<b>Resulting Contact Name:</b> _____	<b>Contact Tel:</b> _____
<b>Contact Email:</b> _____	<b>Secure Fax:</b> _____

### MultiCare Drug & Alcohol Tests

MultiCare OccMed drug & alcohol testing, powered by Abbott-eScreen, includes collection by certified technicians, SAMHSA certified lab testing, MRO, and scheduling, resulting & reports via MyeScreen secure web portal. SAMHSA cutoff levels are used unless specified in a custom test panel.

**Select Resulting Method:**  MyeScreen.com secure web portal (recommended)  Automatic fax of final result (to above number)

#### Select Tests Required

**DOT Drug & Alcohol Tests.** Both will be enabled on your account.

**Non-DOT Drug Tests.** *Select both tests and reasons below. One drug test per reason, two drug tests maximum.*

Select Tests	Test Description	Drugs Tested	Pre-Employ	Random	Post-Accident	Reas. Suspicion	Follow-up
<b>Express Urine Drug Tests.</b> Negative results available immediately. Non-negatives sent to lab for confirmatory testing.							
	E-Cup 5-Panel (read electronically)	THC, COC, OPI, PCP, mAMP					
	X-Cup 10-Panel (read electronically)	THC, COC, OPI, PCP, mAMP, AMP, BAR, BZO, MTD, MDMA, OXY					
<b>Lab Based Drug Tests.</b> All specimens sent to lab for testing.							
	5-Panel Urine	THC, COC, OPI, PCP, mAMP, AMP					
	10-Panel Urine	THC, COC, OPI, PCP, mAMP, AMP, BAR, BZO, MTD, MDMA, OXY					
	DOT Mirror/Look-A-Like Urine	THC, COC, OPI, PCP, mAMP, AMP, 6MAM, OXY, HD, HMOR, OXMO					
	5-Panel Hair	THC, COC, OPI, PCP, mAMP, AMP					
	Custom Panel-Urine	Send details separately					
	<b>Breath Alcohol</b> (Evidential Breath Test)	ALC					
	<b>Other</b> Describe: _____						

### Collection-Only Services Managed by Third Party Administrators (TPAs)

*Complete this section if you contract for lab, MRO and resulting separately and need collection only services at MultiCare OccMed.*

<b>TPA Company Name:</b> _____	
<b>Contact Name:</b> _____	<b>Contact Tel:</b> _____
<b>Contact Email:</b> _____	<b>Contact Fax:</b> _____

### Enrollment Form Completed by

Print Name	Print Title
Signature	Date