

OMS Compliance Services, Inc.
DOT CLIENT PASSPORT

DRUG & ALCOHOL TESTING AUTHORIZATION FORM

Account Code: METSD

PLEASE USE THIS ACCOUNT CODE ON A **QUEST DIAGNOSTICS** CHAIN OF CUSTODY
BETWEEN THE EMPLOYER AND MRO SECTION

DATE: _____
DONOR NAME: _____
SS NUMBER: XXX-XX-_____
EMPLOYER: Bentley Community Schools - METS
ADDRESS: P.O. Box 516, Portland, MI 48875
DER: Cathy Haworth 517-647-7765
(Designated Employer Representative)

*The above named person is being sent to your facility for a:
(DER to circle the reason & test to be performed)*

Pre-Employment
Reasonable Suspicion
Follow-Up
Random
Return to Duty

Post Accident

Drug and/or **Alcohol Screen**

Please use the appropriate DOT chain of custody form from OMS Compliance Services,
Specify Testing Authority: DOT - FMCSA

Please invoice OMS Compliance Services for the **DRUG** collection services to:
OMS Compliance Services @ PO Box 699, Boyne City, MI 49712

Please Invoice OMS for the **ALCOHOL** collection services:
OMS Compliance Services @ PO Box 699, Boyne City, MI 49712

Fax a copy of the chain of custody to the MRO & then fax to OMS @ 231-582-5371.

Should you have any questions, please feel free to contact OMS Compliance Services at
1-888-582-5898.

OMS Compliance Services
562 M-75 South
PO Box 699
Boyne City, MI 49712
231-582-5371 (fax)