

DRUG TESTING NOTIFICATION FORM

Section 1: Employer

LSUHSC-New Orleans Employee

DER: Scott Embley
691 Douglas Ave. Ste. 101
Altamonte Springs, FL. 32714
Ph# 407-865-6544 Fax # 407-865-7993

MRO:

RN Expertise
691 Douglas Ave. Ste. 101
Altamonte Springs, FL. 32714
Ph.# 407-865-6544 Fax # 407-865-7993

Section 2 (To be completed by Employer)

Complete the employee information in Section 2 and check the appropriate boxes in Section 3. Incomplete or incorrect information may cause reporting delays.

This form and a picture identification card must be presented to the drug testing collector. You are required to undergo urine drug testing as a condition of hiring. You must have the drug screen on the appointment date and within the specified hours listed below.

Applicant/Employee Name: _____

Chain of Custody #: _____

Social Security Number: _____

Name & Location of Collection: _____

Collection Deadline* _____

* For testing out side of Louisiana testing must be completed within 24 hours after receiving COC.

Section 3 (To be completed by Employer)

THE PURPOSE OF THIS TEST IS FOR (Check One) Pre-Employment Post Accident / For Cause
 Random Other /Monitoring

Check the Boxes that Apply:

Non-DOT 7 Panel + Oxycodone
(Standard Pre-Employment)

Non-DOT MedPro B + Propofol

Non-DOT Breath Alcohol
(Post- Accident or Reason. Suspicion)

EtG
Add On or Stand Alone

10 + MDMA + Oxy

Fax Copy 2 of the COC to the MRO @ (407) 865-7993

Section 4 Breath Alcohol Information

If test result is negative: Fax to the DER @ (504) 568-3892 AND to RN Expertise @ (407) 865-7993

If test result is positive ***IMMEDIATELY*** Contact the DER (504) 568-8888 and
Fax to RN Expertise @ (407) 865-7993

If DER is unavailable and cannot be reached by the B.A.T., contact the RN Expertise Account Manager immediately at 407-865-6544 for assistance in reaching DER.