

COMPANY ACCOUNT SET-UP AND AGREEMENT FOR SERVICES

Please email to matthewhgauck@etczone.com or fax to 812-222-2688

Consortium Set-up and Instructions

1. Please fax the following:
 - a. Company name
 - b. Company address
 - c. Company phone number and fax number
 - d. Company contact person or DER (Designated Employee Representative)
 - e. Provide a list of Driver's names
 - f. Provide the last four numbers of the driver's social security number
2. All drivers must have a pre-employment drug screen to join the consortium. Unless they have been in a consortium within the last 30 days.
 - a. If not specified, 10-Panel testing will be set-up by default.
3. Dr. Gauck will fax all chain of custody forms to the lab, MRO and Employer. Each employee will be given their copy and the office of Dr. Gauck will maintain a copy on file.
4. All results will be reported to the company.

Negative Results Options (please select one option):

 - Company would like negative results faxed/emailed (circle one) to primary contact listed below. If different, please indicate here: _____
 - A written report will be mailed to Company as soon as results are processed.

Positive Results – The Medical Review Officer will contact the donor for pertinent medical information before a final result is released. A written report is also mailed.
5. Random selections will be conducted at the first of each quarter. The office of Dr. Gauck will notify the company. Remember, your company may not be selected every quarter.
6. The company will be billed for the annual consortium fee, which includes the setting up and monitoring of the consortium. The fees are non-refundable.
7. The company will be billed for all drug testing and breath alcohol tests.
8. Periodically, the office of Dr. Gauck will fax the company a list of drivers participating in the consortium. Please audit the list of names. Contact our office with changes and fax the updated information.

We are here to answer your questions. Please feel free to give us a call.

Sincerely,

Dr. Matthew H. Gauck, D.C. and staff

CONSORTIUM SET-UP
(for random drug testing)

SIGN-UP DATE:

- DOT
- Non-DOT

Company Name:

Company Physical Address:

Company City, State, Zip:

Company Phone #:

DER (DESIGNATED EMPLOYEE REPRESENTATIVE):

DER Phone # (cell):

DER Email Address:

Preferred Method of Contact: Phone

NOTE: All drivers have been drug tested in the last 30 days. A copy of the last CCF is on file from previous testing site.

Please list all drivers NAMES and the complete DRIVERS LICENSE NUMBER

	First & Last Name	Drivers License Number
1		
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