



New Account Information

Date: __/__/__

Company Name: _____
Address: _____
City: _____ State: _____ Zip: _____

GENERAL CONTACT INFORMATION

Main Contact: _____
Email Address _____ Phone: _____ Fax: _____

Authorization Required? ☐ Yes ☐ No
How would you prefer to receive your results? (Please Check One): ☐ Mail ☐ E-Mail ☐ Fax

Designated Employer Representative (DER*): _____
Email Address _____ Phone: _____ Fax: _____
The DER will Receive Company Results for Drug Testing

BILLING CONTACT INFORMATION

A/P Contact: _____
Address: _____
City _____ State: _____ Zip: _____
Email Address _____ Phone: _____ Fax: _____

Do you have a TPA (Third Party Administrator)? ☐ Yes ☐ No
If so, TPA Name: _____

W/C Insurance Carrier: _____
Address: _____
City: _____ State: _____ Zip: _____
Phone: _____ Fax: _____

Company Specific Notes/Protocols: _____

Completed By: _____ Print Name : _____
Job Title: _____

1160 Chili Avenue, Suite 200
Rochester, NY 14624
(585) 426-4990 Phone
(585) 426-4997 Fax

178 Washington Avenue
Batavia, NY 14020
(585) 343-0334 Phone
(585) 343-0336 Fax

1971 Western Avenue, Suite 4
Albany, NY 12203
(518) 452-2597 Phone
(518) 452-2526 Fax