



New Account Setup Form

Questions and form submission: accountsupport@premierbiotech.com

****Must provided a 30 day termination notice****

DER- Designated Employer Representative (responsible for the program):

Name	Email
Phone	Fax
Company Name	Full Address

Billing Contact:

Name	Email
Phone	Fax
Billing Address	

Are you participating under the MMCAP Infuse contract? Yes No **If Yes, please provide Infuse Member#**

Client Screening Requests

1. What type of drug testing do you currently perform?

DOT Only - **Please Select Agency:** FMCSA FTA FAA USCG PHMSA FRA

Non-DOT Only - If conducting Non-Regulated (Non-DOT) testing please indicate panel(s):

Both DOT & Non-DOT MRO Review* Yes No *DOT is required to have an MRO review.

2. What type of testing would you like performed?

Pre-employment Reasonable Suspicion Post-Accident Return to Duty Follow-Up *DOT will be all reasons for testing.
Other

3. Do you have a specific panel or substance(s) you need tested? Yes No **custom panel please specify**

If yes please specify: What Testing Methods do you require? (Urine, Hair, Nail, Saliva ect..)

4. How many employees are you looking to test? _____

5. Do you currently have or plan to have a random program? Yes No

DOT Only Non-DOT Only Both DOT and Non-DOT

What are your Random Testing Rates? For DOT	Drug	% Alcohol	% For Non-DOT	Drug	% Alcohol	%
Number of random pools?	DOT	Non-DOT				

6. Do you need random program management? Yes No

7. How frequently will you random pool test if implemented? Monthly Quarterly

8. Do you have a need for post-accident or after-hours testing? Yes No

9. Do you currently have a drug and alcohol testing policy? Yes No

10. Do you use a current collection site(s)? (if yes, please send a copy) Yes No

11. Do you currently do background screenings? Yes No Package:

12. Do you have more than one department? (if yes, please send list) Yes No

13. What is the maximum mileage from the office to collection site? (please provide a list of office addresses with zip codes to all locations collection sites are to be matched to)

Miles

Additional DER's

(Who will need access to the platform to order and or view results)

DER Contact	Permission Level :	Order Test & View Results	Order Test Only	View Results Only
Name		Email		
Phone		Fax		
Company Address		Dept/Program		

DER Contact	Permission Level :	Order Test & View Results	Order Test Only	View Results Only
Name		Email		
Phone		Fax		
Company Address		Dept/Program		

DER Contact	Permission Level :	Order Test & View Results	Order Test Only	View Results Only
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DER Contact	Permission Level :	Order Test & View Results	Order Test Only	View Results Only
Name		Email		
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DER Contact	Permission Level :	Order Test & View Results	Order Test Only	View Results Only
Name		Email		
Phone		Fax		
Company Address		Dept/Program		

DER Contact	Permission Level :	Order Test & View Results	Order Test Only	View Results Only
Name		Email		
Phone		Fax		
Company Address		Dept/Program		

CLIENT ACCOUNT SET UP-LOCATIONS

Additional Location

(parent-child account/sub account dynamic)
If there are different DERs we will need their names

Client Name (parent account)		Location Name	Location Address 1	Location Address 2	City	State	Zip code	Phone	Fax
Main Account	1								
		Location Name (child account)	Location Address 1	Location Address 2	City	State	Zip code	Phone	Fax
	2								
	3								
	4								
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