



CID9537228

ePassport

Company Name: City of Detroit – Dept of Transportation

eScreen Account: 116943-0

Reason for Test: Non-Regulated Pre-Employment Testing
(Employee RTW Absence 30 to 89 Days)

Pre-Employment Testing (pre-placement
(Employee RTW Removed from Random Pool)

Employee/Donor Instructions: Please present this information sheet to the clinic listed below for services:

Concentra Location Name: _____ **Phone Number:** _____

City: _____ **State:** _____ **Zip Code:** _____

Employee/Donor Name: _____ *(Please take your doctor’s note with you to the clinic)*

Job Title: _____

The specific account information for this donor is as follows:

City of Detroit-Dept of Transportation (100 Mack Avenue): eScreen Account #: 116943-0

CCF Fax Number
(913) 469-4029

BAT Fax Number
(913) 234-4518

Health-eScreen Fax
(913) 234-4507

Authorizer: Check off which service/clinic package to be performed:

- NON-DOT Rapid 10 Panel Drug Screen - CMCA – eScreen Collect
- NON-DOT Pre-Employment Physical (location pays)
- DOT-FTA Regulated Drug Screen - CMCA – eScreen Collect
- DOT-FTA Physical – Pre-Employment (location pays)

Special Instructions/Physical Requirements:

NOTE: DOT Agency: FTA – Use SS#, not driver’s license

Alicia Miller, Designated Employee Representative (DER)

DDOT Office of Compliance

Cell: (313) 244-2327

Lab: Alere

MRO: Dr. Heinen

Please call CMCA at 1-800-775-5447 ext. 101 with any questions

Instructions for clinic personnel: Please use standard procedures utilizing the eScreen systems and prompts. If you have any problems performing standard services, please contact eScreen at 1-800-881-0722, opt 5.

Send invoice to: eScreen, Inc - Attention: Accounts Payable, PO Box 25902, Overland Park, KS 66225

Authorizing Name/Signature: _____

Phone: _____ **Date:** _____