



Client Registration

Company Name: _____

Business Phone: _____

Company Billing Address: _____

City: _____ State: _____ Zip: _____

Designated Employer Representative Name: _____

Results to be sent to DER via: Email _____ secure fax _____

Password for reporting: _____ new password that must be 8 to 20 characters and must contain 3 of 4: Uppercase, Lowercase, Number, Special Character

Phone/Cell: _____ Email: _____

Alt Contact: _____

Phone/Cell: _____ Email: _____

The following is a list of the current 2024 pricing (Subject to change at any time with notice)

- | | | | |
|--|----------|---|---------|
| <input type="checkbox"/> DOT Urine Collection Only | \$30.00 | <input type="checkbox"/> Non-DOT Urine Collection Only | \$25.00 |
| <input type="checkbox"/> 4 Panel Instant Urine no THC | \$50.00 | <input type="checkbox"/> 9 Panel Instant Urine no THC | \$56.00 |
| <input type="checkbox"/> Oral Fluid including THC | \$60.00 | <input type="checkbox"/> Oral Fluid Collection Only | \$40.00 |
| <input type="checkbox"/> Breath Alcohol Test | \$25.00 | <input type="checkbox"/> Breath Alcohol Confirmation | \$25.00 |
| <input type="checkbox"/> Hair Collection Only | \$40.00 | <input type="checkbox"/> Hair Screen 5 Panel | \$80.00 |
| <input type="checkbox"/> 5 Pnl Instant Urine w/Marijuana | \$37.00 | <input type="checkbox"/> 10 Pnl Instant Urine w/Marijuana | \$45.00 |
| <input type="checkbox"/> Direct Observation | \$30.00 | | |
| <input type="checkbox"/> After Hours Collection per hour | \$150.00 | <input type="checkbox"/> Other _____ | |

X

Client Contact Signature

Date