



# 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