

**STATE OF KANSAS**  
**Collection Site Passport**  
**\*\*Billing Account #: [REDACTED]**  
**NON-DOT (Excluding KDOT)**

(State of Kansas Alcohol and Controlled Substance Testing Program)

**Donor Name:** \_\_\_\_\_  
(Donor must have picture ID to show to collection site personnel)

**Donor Social Security #:** \_\_\_\_\_

**Agency Position No:** \_\_\_\_\_

**Collection Site ~ Name:** \_\_\_\_\_  
**Address:** \_\_\_\_\_  
**Phone:** \_\_\_\_\_

**APPOINTMENT DATE/TIME:** \_\_\_\_\_

**Type of test(s) to be conducted:**

- ☐ Drug test (NIDA/5 panel)  
☐ Alcohol test (breath collection)

**Reason for testing:**

- |                                   |   |  |
|-----------------------------------|---|--|
| <input type="checkbox"/> Random   | <input type="checkbox"/> Reasonable Suspicion | <input type="checkbox"/> Follow-up     |
| <input type="checkbox"/> Pre-Duty | <input type="checkbox"/> Return to Duty       | <input type="checkbox"/> Post-Accident |

Special Testing Instructions: ☐ normal collection ☐ \_\_\_\_\_

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***INSTRUCTIONS TO CLINIC REPRESENTATIVE***  
***DO NOT TURN THIS DONOR AWAY!***

You have been set up as a collection site for the above referenced customer. Please collect this donor's drug screen and/or alcohol sample using the previously shipped, customer specific Chain of Custody forms and the previously faxed procedures and protocol.

- **FAX copy of chain to: Attn: Kerra Tener @ 785-296-6918**

**Designated Employer Representative (DER)**

Send employer copy of drug testing chain of custody and/or breathe alcohol testing form to:

**Kerra Tener**

**State of Kansas**

LSOB, Rm. 401-N

900 SW Jackson, Topeka, KS 66612-1251

Phone: 785.296.4281

Secured Fax: 785.296.6918

Email: [kerra.tener@ks.gov](mailto:kerra.tener@ks.gov)

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**DO NOT BILL THE DONOR OR THE CUSTOMER**

You will be paid by Phamatech. These arrangements have been discussed at the time of the customer set-up with your facility. Should you have any billing questions, please contact Vincent Dunbar @ (888) 635-5840 Ext 250.

**Phamatech Attn: Jodee**

15175 Innovation Dr.

San Diego, CA 92128

800.800.4522

**Kerra Tener at 785-296-4281**

for supplies of pre-printed chain of custody forms, billing,  
collection protocol

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**FAX MRO COPY OF DRUG TEST CHAIN OF CUSTODY**  
**WITHIN 24 HOURS OF COLLECTION**

D.R.S. MRO  
Neil J. Dash, MD  
546 Franklin Ave.  
Massapequa, NY 11758  
800-526-9341  
FAX 516-797-1293