**State of Kansas**

**Collection Site Passport**

NON – DOT

***DONOR INFORMATION:***

|  |  |
| --- | --- |
| **Donor Name:** |        |
| **Donor Social Security #:** |       |
| **Donor Email/Phone #:** |        |
| **Facility/Location Code:** |        |
| **Agency Name:** |        |

***COLLECTION SITE INFORMATION:***

|  |  |
| --- | --- |
| **Collection Site:** |        |
| **Address:** |       | **Phone#:** |        |
|  |       |  |  |
|  |  |  |  |
| **Appointment Date:** |       | **Time:** |        |
| **Appointment Type:** | **eScreen** **[ ]  Paper based** **[ ]**  |  |  |

**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 sample using the previously shipped, customer specific Chain of Custody forms and the previously faxed procedures and protocol.

***FAX copy of chain to: Attn Sondra Albright @ 785-296-6918***

***FAX copy of chain to: MRO Neil Dash @ 516-797-1293***

**Designated Employer Representative (DER)**

Send employer copy of drug testing chain of custody to:

**Sondra Albright**

**State of Kansas**  Phone: 785.296.4281

LSOB, Rm. 401-N Secured Fax: 785.296.6918

900 SW Jackson, Topeka, KS 66612-1251 Email: sondra.albright@ks.gov

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

***eScreen***

**PO Box 25902**

**Overland Park, KS 66225-5902**

**800.881.0722 or 913.327.8606**