

NEW COMPANY PROFILE AGREEMENT

Company Name Address, City, State, Zip Primary Contact Name Email Contact Name for Results Email Billing Contact Name Email Billing Contact Name Email Secure Fax WORKERS COMP INFORMATION Carrier Name Carrier Name Carrier Address Phone Fax # Saliva Alcohol Test DRUG TESTING Send out to our Lab (Alere) 5 Panel 10 Panel 12 Panel 24-72 hours Hair Follicle Test Saliva Alcohol Test 10 Panel 12 Panel 24-72 hours Hair Follicle Test Saliva Alcohol Test 10 Panel 12 Panel 24-72 hours Hair Follicle Test Saliva Alcohol Test 10 Panel 10 Pane		COMPANY INFORMATION					
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Company Profile Agreement 2022

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		PHYSICAL						
	Pre-Employment		DOT Physical		OSHA Questionnaire w/			
	Return to Work		Respirator Physical		Clearance			
	Silica/Asbestos		PFT/Spirometry		Respirator Fit Test			
IMMUNIZATIONS								
	Hep B (series)		Нер А		Flu Vaccine			
	Tetanus, Tdap		Tetanus, Diptheria					
		LAE						
	Hep B Titer		MMR Titer					
	Blood Lead Level		Varicella Titer					
ADDITIONAL TESTING								
	Audio Exam		TB Skin Test		TSPOT/			
	Lift Test 50lbs		Lift Test 75lbs		Quantiferon Gold			
	Chest X-Ray (1 vie	ew)	Chest X-Ray "B Reac	d"	EKG			
	Vision (Snellen)		Vision (Ishihara)		Covid Testing			
	Other:							
Specify any special								
protocol instructions								
	BULLING A	ND DAVAGENT	INFORMATION					
BILLING AND PAYMENT INFORMATION A monthly invoice of open charges will be sent to you at the billing address on file. Customer agrees to pay the invoice due each month. If payment falls more								
than 90 days in arrears, your account will be put on hold. Past due accounts will incur a late payment fee of 15% of the outstanding balance. Accounts with past due balances over 90 days old will be inactive until resolved in full. Accounts over 120 days may be sent to collections for resolution.								
Please note Rapid drug screens are performed in our centers, and results are available immediately. Results are NOT Permissible in a court of law. If a Rapid drug screen results as non-negative, our company policy is to send to the lab for confirmation. A \$25 fee for confirmatory testing is accessed. Company Acknowledges Initials								
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Authorized Person					Title			
Authorized Signature								
Authorized Signature								
Date								

This agreement will remain in effect until either party gives written notice of change of service, terms or conditions. Agreement subject to annual increases.

Increased will be discussed and agreed upon by all parties prior to implementation.

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