



AN INTERNATIONAL ON-SITE DRUG TESTING, SAFETY & MEDICAL MANAGEMENT COMPANY

CONSTRUCTION TRADES
SUBSTANCE ABUSE TESTING & ASSISTANCE POLICY
EMPLOYER/UNION REGISTRATION

Check the Appropriate Boxes For the Trade Your Company is Signatory To:

Building Laborers Local 113: [] Carpenters: [] Bricklayers Local 8: []
Cement Masons Local 599, Area 558: [] Operating Engineers, Master Builders Local 139 []

Employer Legal Name
Street Address (Billing Address - NO PO BOX)
City State Zip
Phone Number () Fax ()
E-mail Address: E-Invoice Address: (Address to E-mail invoices)

COMMUNICATORS

Please designate one (1) Primary and at least one (1) Alternate communicator. Your communicators will be the only persons from within your organization that will be able to request, receive and/or discuss test result information. I hereby authorize [] remove [] the following communicators:
The following person is designated as our PRIMARY communicator:
The following person is designated as our ALTERNATE communicator:

This agreement by and between CDS SERVICES, INC. (CDS) and the above listed COMPANY consists of the following understandings and conditions: COMPANY designates CDS to act as its agent as it applies to the services provided by CDS. COMPANY understands that information is to be requested or accessed only by its designated personnel (COMMUNICATORS), and solely for business purposes falling within the scope of their official duties. COMPANY has instructed each of its Communicators that all testing information is to be kept completely confidential and to be used solely for business purposes.

Signature of Company Official Title Date

For CDS use only

Received Client #

Please Fax To: 314-645-6767 or 866-645-6767



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CONSTRUCTION TRADES
SUBSTANCE ABUSE TESTING & ASSISTANCE POLICY
COMMUNICATOR AUTHORIZATION AND SETUP

EACH COMMUNICATOR MUST SUBMIT A SEPARATE COPY OF THIS FORM

A COMPANY OFFICER MUST DESIGNATE THE PRIMARY AND ALTERNATE COMMUNICATORS FOR YOUR COMPANY. YOUR COMMUNICATORS WILL ACT AS THE SOLE CONTACT PERSONS FROM WITHIN YOUR COMPANY AND WILL BE RESPONSIBLE FOR THE ADMINISTRATION OF THE PROGRAM AND THE RECEIVING OF NON-NEGATIVE AND POSITIVE TEST RESULTS. COMMUNICATORS DESIGNATED BY THE COMPANY OFFICER UNDERSTAND THAT ALL TEST RESULTS MUST BE KEPT CONFIDENTIAL AND WILL NOT BE RELEASED TO ANYONE.

COMPANY OFFICER: I authorize the below listed employees to act as our communicators:

Signature of company officer _____ Title _____

Company Name _____

Signature of Communicator _____ Date _____

INSTRUCTIONS FOR THE COMPLETION OF THIS FORM:

Each communicator must submit a separate copy of this form signed by a company officer indicating their individual password in the appropriate space. Your password can be up to ten (10) letters in length. Please select your password carefully, as it will be requested from you as a means of identification. CDS will assign your access number and notify you of such.

NO INFORMATION WILL BE RELEASED WITHOUT A VALID ACCESS NUMBER AND PASSWORD

The following person is to be our PRIMARY [] ALTERNATE [] communicator:

Name _____ Title _____

Cell Phone Number _____ Beeper # _____

E-mail Address _____

Password _____

CDS will mail you a confirmation letter with your PASSWORD and assigned ACCESS NUMBER. No information will be released to you by our office without furnishing us with this ACCESS NUMBER and PASSWORD.

PLEASE FAX TO:
314-645-6767 or 866-645-6767