



Keven M. Ellis, D.C.
DOCTOR OF CHIROPRACTIC

Testing Hours:
M-TR 8a-4p / F 8a-11a

Re: Testing / Consortium / Compliance Information

Thank you for your interest in East Texas Drug Testing's services. We offer a variety of testing services to meet your needs, along with DOT and Non-DOT Consortium management (quarterly random drug and alcohol testing) and now offer compliance services too. Dr. Ellis is also listed with the National Registry as a Certified DOT Medical Examiner for any DOT physicals you may require.

Please complete and return the attached Billing Information to be set up in our system. You may return to us by email at **Info@ETDT.net**, by fax (936) 639-5064 or by regular mail. Our office we will contact you when the information is received to finalize setting up your account. If you are interested in compliance services please contact us and ask to speak with Melissa.

Please note, if you are joining the ETDT Consortium (random testing) payment for the Consortium must be made when forms are sent in. Per DOT guidelines, each employee must have a pre-employment drug test and current DOT medical card on file. If they do not have either please contact us to complete those as soon as possible. All testing and physicals performed will be billed on a monthly basis.

Our testing hours are as follows:

Monday – Thursday: 8 a.m. – 4 p.m. (Fed Ex arrives daily at 4pm; therefore the drug tests must be ready to be picked up)
Friday: 8 a.m. – 11 a.m. (Our office closes at 12 pm on Friday)

Feel free to contact our office with any questions. We look forward to working with you.

Sincerely,

Shelli C. Ellis
Office Manager

Billing Information

- CHECK: ☐ We want to join ETDT Consortium (Check all that apply): ☐ FMCSA ☐ TDL&R ☐ PHMSA
(Quarterly random drug testing pools) (DOT) (Towing) (Pipeline)
- ☐ We want to join the NON-DOT ETDT Consortium (to have quarterly random drug/alcohol tests pulled)
- ☐ We only want drug or alcohol tests and/or physicals completed AS NEEDED: (circle) DOT // NON-DOT

Business Name _____

Billing Address _____

Designated Employer Representative "D.E.R." _____

Alternate Employer Representative _____

Work Phone _____ Fax Number _____

Cell Phone _____ E-Mail _____

**** If joining the random drug testing, please fill out information below or attach on separate page ****

Employee Name	Social Security #	Current DOT Physical (YES or NO – MUST Include Expiration Date)	Needs Drug Test (YES or NO)
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_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

If more space is need for employees, please use a blank piece of paper and attach

How do you want to be notified of your Company's test results and/or physicals?

☐ E-Mail ☐ Fax ☐ Regular Mail

DER Signature _____ Date _____

REQUEST FORM

Company to be billed: _____

Name of person to be tested: _____

Date: _____ Time: _____

Type of test to be performed

- ☐ DOT (Dept. of Transportation): **check one** ☐ NON-DOT (Regular Drug Test)
- ____ FMCSA (Federal Motor Carrier) ____ TDL&R (Towing) ____ PHMSA (Pipeline)

Test Requested

DOT drug test will ALWAYS be a 5 panel test

All other test **MUST** specify either 5 panel (*illegal drugs*) or 10 panel (*illegal & prescription drugs*)

- ☐ Urine Test (5 or 10 panel) ☐ Alcohol Test ☐ Physical* (appointment required)
- ☐ Hair Test (5 or 10 panel) ☐ K-2 Test ☐ FCE* (appointment required)
- ☐ Nail Test (5 or 10 panel) ☐ DNA Test* (appointment required)

Specify Reason for Test

- ☐ Pre-Employment ☐ Random ☐ Post Accident
- ☐ Reasonable Suspicion ☐ Return to Duty ☐ Periodic/Annual
- ☐ Follow Up ☐ Court Ordered by Judge _____

How do you want us to send you the results:

- ☐ Email _____ ☐ Fax _____
- ☐ By Regular Mail ☐ Call DER to pick up results _____

Authorized by: _____ Phone #: _____