



CID7978786

ePassport

Applicant / Donor Information

Please present this information sheet to the clinic listed below for eScreen services:

eScreen Test Clinic
8140 Ward Parkway
Ste 300
Kansas City, MO 64114
Clinic Phone : 800-881-0722

☐ Pre-employment☐ Random☐ Post-accident☐ Reasonable suspicion/cause☐ Return-to-duty☐ Follow-up☐ Periodic Medical☐ Transfer☐ Promotion☐ Other

Testing services to be performed:

☒ Drug Test

Please use paper form presented by donor for collection

☐ Other☐ Breath Alcohol Test

Clinic Information

This passport is to introduce

_____ from MOST/Nw Ohio
Glca / 176853 for eScreen services. Please be careful in choosing
the correct account when performing services. Specific account
information for this donor is as follows.

Be sure to select the correct account from the eScreen system:

MOST/Nw Ohio Glca / 176853
eScreen Account #: 105375-1
12200 Ambassador Dr
STE 312
Kansas City, MO 64163

CCF Fax Number
(913) 469-4029

BAT Fax Number
(913) 234-4518

Health-eScreen Fax
(913) 234-4507

Instructions

Please use standard procedures utilizing the eScreen systems and prompts. If you have any problems performing standard services, please contact eScreen at (800) 881-0722, opt 5.

Consent:

I authorize the above named clinic to release my results and forms related to the medical services listed on this Passport to eScreen,

Signature: _____

Date: _____

Please Send Invoice To:
eScreen, Inc.
Attention: Accounts Payable
PO Box 25902
Overland Park, KS 66225-5902
(800) 881-0722