

Tennessee Dental Association/ Wellness Committee
Drug Screening Program

Dear Participant:

This is to notify you that when you enter the advocacy program you will need to initiate a contract with National Toxicology Specialists (NTS), Inc. Please complete the enclosed Participant Information form and fax back to 615-356-1890 to enroll. Once enrolled, you will be set up in the check in system. Please follow the enclosed instructions. If you have additional questions, NTS' business hours are 8:00 a.m. to 5:00 p.m. Monday through Friday. Their website address is www.drugtestinfo.com.

You will be required to complete the Participant Information Form and payment information as tests are paid for up front. The cost to you is \$59 per test, which covers the testing and administrative expenses. A minimum of three screens must be ordered at a time. You are responsible for having a chain of custody in your possession at all times, except when on vacation. Not having a chain of custody will not be considered a valid reason for not testing when selected. You are additionally responsible for the collection fee. You may have the collection done by any health care professional approved by NTS. To get approval, have the Collector sign and Fax the Collector Instruction Form to NTS. Your required Primary Physician is a good choice. If you need help with finding other choices, please call NTS.

The frequency of the testing is determined by your length of time in the program. Generally, you can expect to be tested 30 times the first year, 18 times the second year, then 5 times every year after that.

If you have any questions feel free to call Chelsea Collins or Greg Elam, M.D. at NTS at 615-353-1888, or Wayne McIlhaney, DDS at the TN-CDPC at 615-628-3200.

Sincerely,

David Sain, DDS, MS
Tennessee Dental Association/ Wellness Committee
660 Baker's Bridge Ave Suite 300
Franklin, TN 37067



To: Valued Participant,

Re: TN Dental Association/Wellness Committee (TN-CDPC) Drug Testing Program

This letter is to introduce you to the unannounced drug and alcohol screening program for the TN-CDPC.

This is a simple program whereby one learns when one is selected by logging into a website every day. The requirement is to check every day except when on vacation. Please notify us three days before going on vacation if you need a collection site in that area. The system records the date and time of the check in and is used to monitor compliance.

To check in, enter the following web address on the top line of your web access:
<https://login.drugtestinfo.com>

Then enter your last name and last 4 digits of your SS#.

The login will display the date and time for your information.

If selected, one must have the sample collected by the end of the calendar day. Failure to submit a test that day will be reported to the TN-CDPC.

The collection site fee must be paid at the time of the collection to the collector. A list of approved collection sites can be found at www.drugtestinfo.com. If you need additional assistance, please contact Chelsea.

Ordering of testing supplies:

Fill out the participant information form included and fax or mail. Testing supplies can be ordered directly by answering "yes" to the prompt when checking in, or calling **866-534-1888**. Please be aware that a "yes" answer will result in the charging of three (3) forms to the credit card listed. A valid credit card, money order, or business check can be used to purchase forms.

Best regards,

Greg Elam, M.D.
gelam@drugtestinfo.com

Chelsea Collins
ccollins@drugtestinfo.com

TN-CDPC Drug Testing Program Flow Sheet :

Read Packet...Call for questions.

Fill out participant information form and fax in to 615-356-1890.

Testing supplies are mailed.

Start checking in after speaking to Dr. Elam and every day thereafter unless on vacation.

When selected, go to collection site that day.

If need help finding collection site, call 866-534-1888.

If using private collector (personal physician, RAM team leader, etc), have responsible individual fill out the Collection Instruction form and fax in to 615-356-1890.

If the responsible individual needs kits, have them call 866-534-1888 to order.

When down to one kit, order more through check in system.

Supplies should arrive within a few days.

When on vacation, call 866-534-1888 to notify NTS of the dates.

May contact NTS using email at ccollins@drugtestinfo.com or gelam@drugtestinfo.com.

Relax knowing the system is recording your compliance for future reference if needed.

Tennessee Dental Association/ Wellness Committee
Collection Instruction Form

Thank you for being willing to serve as a collector for drug screenings for:

Name of Participant

By signing the space provided below, you are certifying that:

1. You are willing to collect a urine sample from the above individual whenever he/she presents for one.
2. You are willing to verify the identity of the above individual using a picture ID.
3. You are willing to use a split sample collection kit (You may obtain one from any lab or call NTS at 615-353-1888 to order).
4. You are willing to collect that sample under *direct observation of the sample exiting the body of the above participant*.
5. You are willing to send that sample with the correctly filled in Chain of Custody (CCF) provided by the participant to the Laboratory. The mailer can be dropped in any U.S Postal Service receptacle.
6. You will not collect a sample without an approved CCF provided by the participant. You will call NTS at 615-353-1888 when you have questions.
7. You are willing to fax the MRO copy of the CCF to NTS at 615-356-1890 the day of the collection.
8. You are willing to negotiate the collection fee directly with the participant (NTS will not be responsible for any collection fees.).
9. You are willing to fax this completed form to NTS at **615-356-1890**.

Name

Title

Signature

Date

Phone number(s)

Tennessee Dental Association/ Wellness Committee
Participant Information

First Name: _____ MI ____ Last Name: _____

Social Security Number: _____ - _____ - _____

Address: _____

City: _____

State: _____ Zip: _____

Work Telephone: _____

Home Telephone: _____

Mobile Telephone: _____

Email Address: _____

I certify that the above information is true and correct. I understand that drug and alcohol test results will be provided to the TN-CDPC and will be available to me upon written request.

Participant Signature

Date

Credit Card Information

Name on Card: _____

Card Type (Circle): Visa M/C AmEx

Card Number (16 digits) _____ - _____ - _____ - _____

Expiration Date: _____ CVV _____

I authorize National Toxicology Specialists (NTS) to charge three pre-paid chain of custodies to the account indicated above in the amount of \$177.00. I also authorize NTS to charge additional chain of custody forms to my account as needed through the online notification system or other methods as necessary in order to comply with the requirements of the TN-CDPC program.

—

Card Holder Signature

Date

Once Completed – Fax back to 615-356-1890