

Tennessee Dental Wellness Foundation
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 it to (615) 356-1890 or email it to: gelam@drugtestinfo.com 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 a.m. to 5 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 \$59.00 *per test*, (\$177.00 per kit), which covers the testing and administrative expenses. A minimum of *three tests* (3 tests to a kit) must be ordered at a time. You are responsible for having a test in your possession at all times, except when on vacation. Not having a test 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 (615 356-1890) 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 your frequency of testing to go down as you mature in your recovery.

If you have any questions, feel free to contact Dr. Greg Elam at NTS at 615 353-1888 or Dr. David Sain at 615 628-3200.

Sincerely,

David Sain, D.D.S., M.S.
Executive Director/TN Dental Wellness Foundation
1821 Heritage Park Plaza, Suite 3
Murfreesboro, TN 37129



1425 Elm Hill Pike
Nashville TN 37210

To: Valued Participant,

Re: Tennessee Dental Wellness Foundation (Foundation) Drug Testing Program

This letter is to introduce you to the unannounced drug and alcohol screening program for the Foundation.

This is a simple program whereby one learns when one is selected by using your downloaded app which directs you to logging into a website every day. The requirement is to check every day. Your app and the NTS system records the date and time of the check in and is **used to monitor compliance**. Please notify us three days before going on vacation if you need a collection site in that area. You might be excused from checking in while on vacation. You will need to check with the Foundation to get excused.

Your app will direct you to a website for you to log in. If for some reason, you do not have access to your app, 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.
- **You are required to log in between 5:00 am and 2:00 pm central time**
- If you do not use your app to log in, it will show you as missed log in.
- If, for any reason, you miss a check in/log in, call the Wellness Foundation at 615.628.3200.

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 Foundation**.

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 Dr. Greg Elam.

Ordering of testing supplies:

Fill out the participant information form included and fax, email, 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
866-534-1888

Tennessee Dental Wellness Foundation Program Flow Sheet:

Read Packet...Call for questions

Fill out participant information form and fax to NTS at (615) 356-1890

Testing supplies will be mailed to you

Start checking in as instructed by TN Dental Wellness Foundation

When selected, go to collection site *that day*

If you need help finding a collection site, call 1-866-534-1888

If using a private collector (personal physician) have him or her fill out the Collection Instruction Form and fax to (615) 356-1890

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

Supplies should arrive within a few days

When on vacation, (you must request with TDWF Director), call NTS at (615) 866-534-1888 to notify them of the dates. NOTE: It is necessary to get excused from testing. Please make your request with TDWF staff or Director. When you get excused for vacation, it is your responsibility to then inform NTS. Be aware, this is only being excused from testing. You still need to “check-in” on your app.

You may contact NTS using email at: gelam@drugtestinfo.com

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

Tennessee Dental Wellness Foundation

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 or email the MRO copy of the CCF to NTS at 615-356-1890 or gelam@drugtestinfo.com 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 or email this completed form to NTS at **615-356-1890** or gelam@drugtestinfo.com .

Name

Title

Signature

Date

Phone number(s)

Tennessee Dental Wellness Foundation

Participant Information for National Toxicology Specialist

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 Tennessee Dental Wellness Foundation (Foundation), 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 Foundation.

Card Holder Signature

Date

Once Completed – Fax or email to 615-356-1890 or gelam@drugtestinfo.com