



DISA Global Solutions
 11740 Katy Freeway, Ste. 900
 Houston, Texas 77079
 Phone: (800) 752-6432

MSA Addendum

Collection Site Information																															
Facility Name:																															
Physical Address:			Suite/Unit #:																												
City:	State:		Zip Code:																												
Mailing Address:			Suite/Unit #:																												
City:	State:		Zip Code:																												
Phone:	Fax:	Email:																													
Alternate Phone:	Alternate Fax:																														
Hours of Operation: <input type="checkbox"/> 24/7		On-Site Services Available: <input type="checkbox"/> Yes <input type="checkbox"/> No																													
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="background-color: #1a3d54; color: white;">Monday</td><td style="text-align: center;">A.M</td><td style="text-align: center;">-</td><td style="text-align: center;">P.M.</td></tr> <tr><td style="background-color: #1a3d54; color: white;">Tuesday</td><td style="text-align: center;">A.M</td><td style="text-align: center;">-</td><td style="text-align: center;">P.M.</td></tr> <tr><td style="background-color: #1a3d54; color: white;">Wednesday</td><td style="text-align: center;">A.M</td><td style="text-align: center;">-</td><td style="text-align: center;">P.M.</td></tr> <tr><td style="background-color: #1a3d54; color: white;">Thursday</td><td style="text-align: center;">A.M</td><td style="text-align: center;">-</td><td style="text-align: center;">P.M.</td></tr> <tr><td style="background-color: #1a3d54; color: white;">Friday</td><td style="text-align: center;">A.M</td><td style="text-align: center;">-</td><td style="text-align: center;">P.M.</td></tr> <tr><td style="background-color: #1a3d54; color: white;">Saturday</td><td style="text-align: center;">A.M</td><td style="text-align: center;">-</td><td style="text-align: center;">P.M.</td></tr> <tr><td style="background-color: #1a3d54; color: white;">Sunday</td><td style="text-align: center;">A.M</td><td style="text-align: center;">-</td><td style="text-align: center;">P.M.</td></tr> </table>		Monday	A.M	-	P.M.	Tuesday	A.M	-	P.M.	Wednesday	A.M	-	P.M.	Thursday	A.M	-	P.M.	Friday	A.M	-	P.M.	Saturday	A.M	-	P.M.	Sunday	A.M	-	P.M.	On-Site Phone Number:	
Monday	A.M	-	P.M.																												
Tuesday	A.M	-	P.M.																												
Wednesday	A.M	-	P.M.																												
Thursday	A.M	-	P.M.																												
Friday	A.M	-	P.M.																												
Saturday	A.M	-	P.M.																												
Sunday	A.M	-	P.M.																												
<input type="checkbox"/> Closed for Lunch:		On-Site Services Only? <input type="checkbox"/> Yes <input type="checkbox"/> No																													
Appointment for drug screens required?		After Hours Services Available? <input type="checkbox"/> Yes <input type="checkbox"/> No																													
<input type="checkbox"/> Yes <input type="checkbox"/> No		After Hours Phone:																													
		Is Site DBE/SME? Yes No																													
		DBE/SME#:																													
Clinic Contact Information																															
Manager:		Phone:																													
Email:		Fax:																													
Occupational Medicine:		Phone:																													
Email:		Fax:																													
Billing Contact:		Phone:																													
Email:		Fax:																													
Collector and Equipment Information																															
FormFox Electronic CCF services?	QUEST	CRL	Psychemedics																												
Formfox ID#:																															
Approved (NHTSA) Alcohol Screening Device:		Approved (NHTSA) Evidential Breath Testing Device:																													
If EBT: Serial #:																															

DISA Collection Site Check List - Required Documentation

Thank you, for establishing/updating your Collection Site within our the DISA database for our Client use.

Our goal is to deliver accurate information, excellent customer service and efficient results for services to our mutual clients, as well as aid in your continued business success and growth.

In order to complete the process, we require all Valid Collector Certifications and Site Documentation to meet both DOT Part 40 Regulations including DISA's Non-Regulated Drug Testing Policies and DISA's Standards for Service Providers.

Your prompt response is greatly appreciated, below check off all applicable documentation that will be sent back to us by email collection.sites@disa.com or via fax (713) 481-8223 for processing.

REQUIRED COLLECTOR CERTIFICATION

NOTE: ALL COLLECTOR CERTIFICATION MUST BE WITHIN 5 YEARS

- Urine Drug Certification**, collector must be certified by Department of Transportation (DOT) Collector Certification **49 CFR Part 40** or **DATIA (Drug and Alcohol Testing Industry Association) Certified Professional Collector (CPC)** to perform to both DOT & NON-DOT Urine Collections
- Breath Alcohol Technician Certification**, technician must be certified by Department of Transportation (DOT) Alcohol Technician Certification **49 CFR Part 40** or **DATIA (Drug and Alcohol Testing Industry Association) Certified Professional Collector (CPC)** to perform to both DOT & NON-DOT Alcohol Testing

Hair Collection Training Certificate, collector must be certified to perform to Hair Collections

- Oral Fluid Training Certificate**, collector certification must be certified by **Quantisal Oral Fluid Drug Test** to perform Oral Fluid Collections

****Only Acceptable Oral Fluid Collection Devices are Quantisal®*

All DISA clients do all their drug testing screening lab work through our affiliated laboratory partners; Clinical Reference Laboratory (CRL), Quest Diagnostics, Alere Toxicology, Psychemedics & Omega Laboratories.

REQUIRED ACCEPTABLE OCCUPATIONAL MEDICAL CERTIFICATION/LICENSE

- Occupational Medical Service License**, must reference a **Certified Occupational Medical Service(s)** for any occupational medical service(s) performed
- Individual **Medical Examiner Certification/License** and/or a list of names of **Certified Medical Examiners** and their **National Registry Numbers of Certified Medical Examiners (NRCME ID#)**, must be provided for any Physical Services listed as performed on Available Service and Service Fees
- Letter of Assurance of Certification (Hospitals)**, must provide certification on a company letterhead if your facility is either affiliated or under the umbrella of a hospital.

REQUIRED DEPARTMENT OF THE TREASURY INTERNAL REVENUE SERVICE

NOTE: COPY OF YOUR COMPANY'S EXISTING/UPDATED W-9 FORM

- Form W-9 (Taxpayer Identification Number and Certification Form)
- Form W-8 (Certificate of Status of Beneficial Owner for United States Tax Withholding and Reporting) International Collection Sites

Service Provider Acknowledgement

BY SIGNING BELOW, IS ACKNOWLEDGING NOTIFICATION OF DOCUMENTATION REQUIREMENT AND SITE AGREEANCE IN RETURNING ALL DOCUMENTS NEEDED TO COMPLETE COLLECTION SITE SET-UP/UPDATE.

SERVICE FACILITY REPRESENTATIVE SIGNATURE

DATE

Contact a member of the Collection Site Department with any questions or concerns you may have.

DISA Service Center Network Management

Fax: 713-481-8223

Email: Collection.Sites@disa.com