

# Choice Diagnostics, Inc.

SIMPLIFIED EMPLOYEE SCREENING

## DRUG TESTING POOL EMPLOYEE ADD/DROP SHEET

DATE:

CLIENT NAME	ACCOUNT NUMBER
CONTACT PERSON <input type="checkbox"/> Change	PHONE NUMBER <input type="checkbox"/> Change
ADDRESS <input type="checkbox"/> Change	CITY / STATE / ZIP

Please **ADD** the following employee(s):

Employee Name	Social Security Number	Testing Authority (FMCSA, PHMSA, FAA, etc)	Work Location	Other (Supervisor, etc.)

Please **DELETE** the following employee(s):

Employee Name	Social Security Number	<u>Testing Authority</u> (FMCSA, PHMSA, FAA, etc)	Work Location	Other (Supervisor, etc.)

Please **FAX** this to: Customer Service Dept. 941-365-51, **E-MAIL** to [clientservices@choicediagnostics.com](mailto:clientservices@choicediagnostics.com) Or **U.S. MAIL** to: Choice Diagnostics, Attn: Client Services PO Box 5036 Sarasota, FL 34277.

**NOTE:** According to DOT regulations, all employees must be pre-employment drug tested (or meet exemptions as identified for your industry) before performing a safety sensitive position.