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| PROCEDURES FOR DOT / NON-DOT COLLECTIONS |

The Billing Recipient is:

**Pipeline Testing Consortium, Inc. (PTC)**

**ATTN: Accounts Payable**

**9 Compound Drive**

# Hutchinson, KS 67502

# Email: accounting@pipelinetesting.com / Phone: 800-294-8758 ext. 403 or 433 / Fax: 620-669-6879

***If you do not currently have an account with Pipeline Testing Consortium – an account must be established before PTC can process payment. Vendors must be setup within our network; PTC is not responsible for collections or alcohol tests outside of our network. To confirm your facility is setup in PTC’s network, go to*** [***www.pipelinetesting.com***](http://www.pipelinetesting.com) ***and select Collection Sites. If your site is not listed, you can send us your site contact information by clicking the “Collection Site Network Request” URL in the bottom right-hand corner of our website. Thank you!***

* PTC’s Invoice Requirements are below:

1. CCF # / Specimen ID #

2. Donor’s First & Last Name

3. Date of Service

* **PTC only pays for lab-based URINE drug collections & alcohol tests. Invoices containing charges outside of these items will experience payment delays. PTC will reject invoices containing charges for oral fluid, rapid tests, DOT physicals, Audiograms, etc.**
* Payment may be delayed due to any missing paperwork (Copy 2 or 4) or any incomplete information required above.
* Payment will NOT be made if improper collection procedures result in a “NO TEST, CANCELED TEST or FATAL FLAW” from the laboratory.
* PTC requires collection sites to submit invoices for drug and/or alcohol collections within 12 calendar months of service date. PTC is unable to process payment for collections older than 1 year. All in-network Collection Sites typically bill within 30 days for collections performed. If there is an outstanding invoice we request that you send us a copy of the invoice as well as call our office (800-294-8758) to confirm it was received. **Our preferred method of invoice delivery is via email to Accounting@pipelinetesting.com.**
* **Protect ALL sensitive information! Ensure all envelopes are sealed & secured prior to mailing.**

**LABORATORY** **MEDICAL REVIEW OFFICER (MRO)**

CLINICAL REFERENCE LABORATORY DAVID PAINE, M.D.

8433 QUIVIRA RD. 7 COMPOUND DRIVE

LENEXA, KANSAS 66100 HUTCHINSON, KS 67502

Ph: 800-445-6917 *(request Customer Service)* Phone: 866-359-0414 /

Direct: 913-492-3652 **Fax: 620-664-5594**

 **Email: process@americanmro.com**

*(Please fax or email CCF immediately to MRO and mail originals in envelope provided.)*

Questions or Problems?

Call 1-800-294-8758

(24 hour assistance is available)

**\*PLEASE SEE OTHER SIDE FOR COLLECTION INSTRUCTIONS\***

**TESTING PROCEDURES**

**DRUG TESTING: (Lab-based URINE Collections Only – No oral fluid)**

* Please follow the DOT’s Urine Specimen Collection Guidelines for ALL collections.
* If your site is set up with FormFox, all paper CCFs can be converted to electronic CCFs by selecting “Lab Based Drug Test (Account Number)” on the FormFox website. Please select CRL as the lab. The PTC account number can be found in Step 1A of the donor’s CCF.
* SPLIT SPECIMENS ARE REQUIRED!!
* Follow DOT protocols for ALL Non-DOT tests.
* Forward all copies of CCF as follows:

 Copy 1 - LABORATORY ***(Include in the packaging with specimens)***

Copy 2 - MRO ***(Fax or Email IMMEDIATELY to MRO at 620-664-5594 /*** ***process@americanmro.com*** ***and mail original in the envelope provided)***

 Copy 3 - COLLECTOR ***(Retain for your files)***

 Copy 4 - EMPLOYER ***(Place in the envelope provided along with the MRO copy)***

 Copy 5 - DONOR (***Give to donor)***

***DOT’s 10 Steps to Collection Site Security and Integrity***

**Office of Drug and Alcohol Policy Compliance**

**U.S. Department of Transportation**

1. Pay careful attention to employees throughout the collection process.
2. Ensure that there is no unauthorized access into the collection areas and that undetected access (e.g., through a door not in view) is not possible.
3. Make sure that employees show proper picture ID.
4. Make sure employees empty pockets; leave briefcases, purses, and bags behind; and wash their hands.
5. Maintain personal control of the specimen and CCF at all times during the collection.
6. Secure any water sources or otherwise make them unavailable to employees (e.g., turn off water inlet, tape handles to prevent opening faucets, secure tank lids).
7. Ensure that the water in the toilet and tank (if applicable) has bluing (coloring) agent in it. Tape or otherwise secure shut any movable toilet tank top, or put bluing in the tank.
8. Ensure that no soap, disinfectants, cleaning agents, or other possible adulterants are present.
9. Inspect the site to ensure that no foreign or unauthorized substances are present.
10. Secure areas and items (e.g., ledges, trash receptacles, paper towel holders, under-sink areas, ceiling tiles) that appear suitable for concealing contaminants.

**ALCOHOL TESTING: (Testing at Customer Request)**

* Read the instructions for completing the alcohol test (backside of Alcohol form).

Copy 1 - ORIGINAL ***(Fax form to 620-669-0906 and place in the envelope provided)***

 Copy 2 - EMPLOYEE ***(Give to the employee/donor)***

 Copy 3 - BREATH ALCOHOL TECHNICIAN / SST ***(Retain for your files)***

* IMPORTANT: Please stamp or print the collection facility name and address on the breath alcohol form.The employer name, address and phone number must be accurately & completely entered on the form if not pre-printed.
* **POSITIVE results (.02 or Above), including Refusals or Shy Lungs**, must be
reported immediately to ALL of the following:
1. The Donor’s Supervisor *(if present)*
2. The Designated Employer Representative (DER) *(listed on the alcohol testing form)*
3. Pipeline Testing Consortium, Inc. *(800-294-8758 – 24 hr. assistance is available)*

Note: The donor should be instructed to wait at your location until contacted by his/her supervisor or other company representative.