

The Billing Recipient is:

Pipeline Testing Consortium, Inc. (PTC)  
ATTN: Accounts Payable  
9 Compound Drive  
Hutchinson, KS 67502

Email: [accounting@pipelinetesting.com](mailto:accounting@pipelinetesting.com) / Phone: 800-294-8758 ext. 403 or 490 / 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 you do not have an account with PTC please email [info@pipelinetesting.com](mailto:info@pipelinetesting.com) if you wish to create an account.*

- 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](mailto:Accounting@pipelinetesting.com).**
- **Protect ALL sensitive information!**

**LABORATORY**

CLINICAL REFERENCE LABORATORY  
8433 QUIVIRA RD.  
LENEXA, KANSAS 66100  
Phone: 800-445-6917 (*request Customer Service*)  
Direct: 913-492-3652

**MEDICAL REVIEW OFFICER (MRO)**

DAVID PAINE, M.D.  
7 COMPOUND DRIVE  
HUTCHINSON, KS 67502  
Phone: 866-359-0414 /  
Fax: 620-664-5594  
Email: [process@americanmro.com](mailto:process@americanmro.com)  
(Please fax or email CCF immediately to MRO)

Questions or Problems?  
Call 1-800-294-8758

**\*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 protocol for most Non-DOT tests. Contact DER printed on CCF with questions.
- 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](mailto:process@americanmro.com)*)
  - Copy 3 - COLLECTOR (*Retain for your files*)
  - Copy 4 - EMPLOYER (*Fax or Email IMMEDIATELY to MRO at 620-664-5594/process@americanmro.com*)
  - 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 or Email to 620-669-0906 / [info@pipeline-testing.com](mailto:info@pipeline-testing.com)*)
  - 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. (*Fax form or Email to 620-669-0906 / [info@pipeline-testing.com](mailto:info@pipeline-testing.com)*)Note: The donor should be instructed to wait at your location until contacted by his/her supervisor or other company representative.