Occupational Medicine Associates

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New Company Account Set Up

Company Name:_____

Address_____

City, State and Zip_____

Phone _____FAX_____ Do we need to call before faxing? Yes__ No__

Email Address_____

How do you want Employee Lists and other Communications? Email___ FAX___ Mail__

Primary Contact_____ Phone_____

Email if different from above_____

How do you want results sent to this contact? Email___ FAX___ Mail___

Secondary Contact_____Phone_____

Email if different from above_____

Will Secondary Contact Need Results and/or Random Selection Notices?

Yes_____ No____ On a Call In Basis Only

If yes, how do you want results sent? Email____ FAX_____ Mail____

What Services would you like? Drug Collection_____ MRO _____

Random Program_____ (if would like Random Program Services, please fill out page 2)

What Tests would you like? DOT_____ Non DOT 5 Panel_____

Other test that we discussed _____

Is there a specific Collection Site that you would like to use _____

Only Fill out if you would like to be enrolled in our Random Program.

ALL DOT RANDOM SELECTIONS ARE DONE ACCORDING TO DOT REGULATIONS

Do you want to be in a Consortia? Yes_____ No_____ , We would like to be Independent in our own pool.

How often do you want Random Selections? Quarterly____ Monthly_____

Other (please Specify) _____

How many DOT Mandated Employees are in your Company_____

Please send a complete Employee list for each mode including first and last name, and either SSN or Employee ID

What DOT mode are your workers under?

FMCSA_____ FAA_____ FRA_____ FTA_____PHMSA____ USCG _____

Do you have any Non-DOT Employees you would like in a Random Program? Yes___ No____

If yes, how often do you want to test them? Quarterly__ Monthly__ Other (Please Specify)____

How many Non-DOT Employees do you have that you want in the Random Pool?_____

How many employees would you like selected _____ or percentage_____

For Non-DOT pool, please send a complete employee list, including first and last name and either SSN or Employee ID

Any other services you need from OMA _____

_____

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