



TRI MED SERVICES
2040 N 22ND AVE #2
BOZEMAN MT 59718

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NON-DOT DRUG & ALCOHOL TESTING CONSORTIUM AGREEMENT

This agreement confirms that the company listed below has enrolled in our NON-DOT drug and or alcohol testing consortium managed by:

Consortium/Third Party Administrator (C/TPA)
Tri Med Services 2040 N 22nd Ave Ste 2 Bozeman MT 59718
(P) 406 585 3301 (F) 406 585 3304 trimed@trimedservices.com

CLIENT COMPANY INFORMATION:

Company Name: _____

Physical Address: _____

City: _____ State: _____ Zipcode: _____

Mailing address: (if different)

Phone: _____ Fax: _____

DER(designated employee rep):

Email: _____ Phone: _____

Email for Test Results:

Email for Invoices: (email will come from my Quickbooks Online. You can view your invoice via the QB email, pay via the QB link or mail payment to the office)

Purpose of Agreement:

This agreement is made between Tri Med Services (Consortium) and the above named company (Client) for the provision of **non-dot drug and or alcohol testing services including random testing program management if requested.**

Testing Options: (as selected by client)

- () Instant (Rapid) Urine Testing (Options): 5P 9P 12P 13P or 12P w/o thc
- () Lab Based Urine Testing (Options): standard 5P standard 10P Other:
- () Hair Follicle Testing (Options): 4P (no thc) 5P 7P 13P 17P

Testing Requirements:

Clients may elect to participate in any or all the following testing categories:

***Pre-employment**

***Random** – Random testing pool managed by Tri Med Services. **Annual Random Consortium fee applies \$250 per year to manage & maintain random pool.**

***Post-Accident (If you require a breath alcohol for post accident testing you must notify the collector prior to the donor arriving for testing.**

***Reasonable Suspicion / Cause (observed collection)** Requires a manager of same gender to accompany donor to testing site and observe collection.

***Return to Duty/ Follow -Up (observed collection)** Requires a manager of the same gender to accompany donor to testing site and observe collection.

Client agrees to follow any internal company policies or state requirements related to drug and alcohol testing of its employees. You are responsible for maintaining your own company drug and alcohol policy.

Collection & Lab Services:

Tri Med Services shall coordinate and or provide:

***Sample collection by certified collectors (in-office only)**

***Chain of Custody documentation**

*** Use of certified laboratories for lab-based testing. Rapid testing will sometimes need to be sent to the lab for confirmation when necessary.**

*Medical Review Officer (MRO) services where applicable

*Result reporting and documentation delivery (via email) delivery to the designated DER or email provided for delivery of results if different than DER.

Record Keeping: Tri Med Services will maintain secure testing records and results documentation for a period of 24 months. It is also the responsibility of the client to maintain the records as long as their company policy states.

Client Responsibilities: Client agrees to:

*Provide updated DER contact information

*Ensure employees selected for testing appear promptly

* Enforce consequences for test refusals, no shows, or positive results in line with internal company policy.

*Notify Tri Med Services of any policy updates that affect the testing program

FEES: Fees are subject to change to keep up with current prices by our vendors. Current fees will be provided to you when you register. Fees are determined by the service you select. After hours or emergency testing will require an additional fee which is due at time of service. **\$150 after hours fee. Then an additional \$150 billed in 15 min increments if we have to wait for donor to arrive for testing, provide a sample for testing or any other delays.**

Term & Termination: This agreement is effective on the date signed and will remain in effect until terminated by either party with 30 days written notice. Tri Med Services reserves the right to terminate this agreement immediately in cases of non-payment or misuse of services.

Signatures:

Client Company Representative- I agree to the terms and services outlined above.

Printed Name: _____

Signature: _____ Date: _____

Tri Med Services Representative:

Printed Name: _____

Signature: _____ Date: _____