



South Carolina Drug & Alcohol Account Setup Form

Designated Employer Representative (DER): All Fields Required

Company Name: _____

Company Physical Address: _____

DER Name: _____ DER Email: _____

DER Phone: _____ DER Fax: _____

Client Billing Information: All Fields Required

Name: _____ Email: _____

Phone: _____ Fax: _____

MMCAP Infuse Member # Required for all account setups: _____

Type of Testing Needed:

___ DOT (Department of Transportation) ___ Non-DOT (Work place testing) ___ Both
___ Urine ___ Hair ___ Oral ___ Nail ___ Breath Alcohol ___ ETG Urine
___ MRO Review Required ___ Yes (Required for all DOT) ___ No

DOT Authority Required for all DOT Accounts: Select DOT Agency: (click here)

___ FMCSA ___ FTA ___ FAA ___ FRA ___ USCG ___ PHMSA

Randoms Management: Required for DOT DOT Testing Rates: (click here)

Do you need random program management ___ Yes ___ No

Random Testing ___ Monthly ___ Quarterly

Do you need more than 1 account setup: ___ Yes ___ No

If yes, Premier Biotech will schedule a call to discuss the parent/child setup

Additional User Access:

If you have additional users that need access to result or to schedule orders electronically, we will provide you with an excel to submit this request.

Authorized Signature:

Date:

Click here for SC pricing

Please return this account setup form to accountsupport@premierbiotech.com

Standard Account Setup is 7-14 business days