



AN INTERNATIONAL ON-SITE DRUG TESTING, SAFETY & MEDICAL MANAGEMENT COMPANY

EASTERN MISSOURI LABORERS DISTRICT COUNCIL
SUBSTANCE ABUSE CONSORTIUM POLICY
COMMUNICATOR AUTHORIZATION AND SETUP

EACH COMMUNICATOR MUST SUBMIT A SEPARATE COPY OF THIS FORM

A COMPANY OFFICIAL MUST DESIGNATE THE PRIMARY AND ALTERNATE COMMUNICATORS FOR YOUR COMPANY. YOUR COMMUNICATORS WILL ACT AS THE SOLE CONTACT PERSONS FROM WITHIN YOUR COMPANY AND WILL BE RESPONSIBLE FOR THE ADMINISTRATION OF THE PROGRAM AND THE RECEIVING OF NON-NEGATIVE AND POSITIVE TEST RESULTS. COMMUNICATORS DESIGNATED BY THE COMPANY OFFICIAL, UNDERSTAND THAT ALL TEST RESULTS MUST BE KEPT CONFIDENTIAL AND WILL NOT BE RELEASED TO ANYONE.

COMPANY/UNION OFFICIAL:

I authorize the below listed employees to act as our communicators:

Signature of company official _____ Title _____

Company/Union Name _____

INSTRUCTIONS FOR THE COMPLETION OF THIS FORM:

Each communicator must submit a separate copy of this form signed by a company official indicating their individual password in the appropriate space. Your password can be up to ten (10) letters in length. Please select your password carefully, as it will be requested from you as a means of identification. CDS will assign your access number and notify you of such.

NO INFORMATION WILL BE RELEASED WITHOUT A VALID ACCESS NUMBER AND PASSWORD

The following person is to be our PRIMARY [] ALTERNATE [] communicator:

Name _____ Title _____

Cell Phone Number _____ Beeper # _____

E-mail Address _____

Password _____

CDS will mail you a confirmation letter with you PASSWORD and an assigned ACCESS NUMBER. No information will be released to you by our office without furnishing us with this ACCESS NUMBER and PASSWORD.

PLEASE FAX TO:
314-645-6767 or 866-645-6767