



# CDS Services, Inc.

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

## EASTERN MISSOURI LABORERS DISTRICT COUNCIL SUBSTANCE ABUSE CONSORTIUM POLICY EMPLOYER/UNION REGISTRATION

Employer/Union Legal Name \_\_\_\_\_

Street Address \_\_\_\_\_  
(Billing Address - NO PO BOX)

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone Number (        ) \_\_\_\_\_ Fax (        ) \_\_\_\_\_

E-mail Address: \_\_\_\_\_ E-Invoice Address: \_\_\_\_\_  
(Address to E-mail invoices)

### COMMUNICATORS

Please designate one (1) Primary and one (1) Alternate communicator. Your communicators will be the only persons from within your organization that will be able to request, receive and/or discuss testing result information. I hereby authorize  remove  the following communicators:

The following person is designated as our **PRIMARY** communicator:

\_\_\_\_\_

The following person is designated as our **ALTERNATE** communicator:

This agreement by and between CDS SERVICES, INC. (CDS) and the above listed COMPANY/UNION consists of the following understandings and conditions: COMPANY/UNION designates CDS to act in the capacity of their agent as it applies to the services provided by CDS. COMPANY/UNION understands that information is to be requested only by its designated personnel (COMMUNICATORS) for the sole business purposes falling within the scope of their official duties. Communicators understand that all testing information is to be kept highly confidential.

Signature of Company Official \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_

.....  
For CDS use only

Received \_\_\_\_\_

Client # \_\_\_\_\_

**Please Fax To: 314-645-6767 or 866-645-6767**