



# RESULTS REPORTING INSTRUCTIONS

ACCOUNT COORDINATOR: \_\_\_\_\_

COMPANY NAME: \_\_\_\_\_

(Please provide the name of your company as you would like it to appear in all future correspondence.)

## PLEASE SIGN & RETURN WITHIN 2 BUSINESS DAYS

Send via **FAX** to: \_\_\_\_\_ OR via **EMAIL** to: \_\_\_\_\_

Please designate a **Primary** and an **Alternate** contact to receive confidential Drug, Alcohol, and/or Background Screening Results

### PRIMARY CONTACT NAME:

Street Address: \_\_\_\_\_ Title: \_\_\_\_\_  
 City/State/Zip: \_\_\_\_\_ Phone <sup>office</sup>: \_\_\_\_\_  
 Email: \_\_\_\_\_ Phone <sup>cell</sup>: \_\_\_\_\_  
 \*\*Web Username: \_\_\_\_\_ Password: \_\_\_\_\_ Secure Fax: \_\_\_\_\_

(Note: Passwords are case sensitive. At least 8 characters long. Alpha-numeric combination required.)

### ALTERNATE CONTACT NAME:

Street Address: \_\_\_\_\_ Title: \_\_\_\_\_  
 City/State/Zip: \_\_\_\_\_ Phone <sup>office</sup>: \_\_\_\_\_  
 Email: \_\_\_\_\_ Phone <sup>cell</sup>: \_\_\_\_\_  
 \*\*Web Username: \_\_\_\_\_ Password: \_\_\_\_\_ Secure Fax: \_\_\_\_\_

(Note: Passwords are case sensitive. At least 8 characters long. Alpha-numeric combination required.)

### AFFIDAVIT CONTACT NAME:

(For drug testing only and if applicable, this is the person to be contacted in case of issues with the collection process.)

Title: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
 Email: \_\_\_\_\_

### RESULT REPORTING OPTIONS (YOU MAY SELECT 2 OPTIONS):

I would like to receive my results using the following method(s):

via e-Mail (A password is required for encrypted E-mail. Applicable to drug testing results only.)

via phone (Applicable to drug testing and positive results only)

via Fax (A secure fax number is required)

I prefer to get the results online (Web link is provided via email. A User Name & Password are required for accessing the site.)

\*\* Web users will be given full access to results unless otherwise noted below.

### SPECIAL REPORTING INSTRUCTIONS:

### WOLFE SERVICE DESCRIPTION & PRICING:

**AUTHORIZED COMPANY REPRESENTATIVE:** I hereby certify that all company program administrators will maintain drug test information reported as described in this document in a confidential manner.

Printed Name

Signature

Date