



CID4691612

ePassport

Applicant / Donor Information

Please present this information sheet to the clinic listed below for eScreen services:

Clinic Phone :

- Pre-employment
- Random
- Post-accident
- Reasonable suspicion/cause
- Return-to-duty
- Follow-up
- Periodic Medical
- Transfer
- Promotion
- Other

Testing services to be performed:

- Drug Test _____
- Other _____
- Breath Alcohol Test _____

Clinic Information

This passport is to introduce _____

_____ from University of Michigan Health Systems for eScreen services. Please be careful in choosing the correct account when performing services. Specific account information for this donor is as follows.

University of Michigan Health Systems
eScreen Account #: 100916-998
4119 Medical Science Building I
Ann Arbor, MI 48109

CCF Fax Number
(913) 469-4029

BAT Fax Number
(913) 234-4518

Health-eScreen Fax
(913) 234-4507

Instructions

Please use standard procedures utilizing the eScreen systems and prompts. If you have any problems performing standard services, please contact eScreen at (800) 881-0722, opt 5.

Consent:

I authorize the above named clinic to release my results and forms related to the medical services listed on this Passport to eScreen,

Donor Signature: _____ Date: _____

Please Send Invoice To:
eScreen, Inc.
Attention: Accounts Payable
PO Box 25902
Overland Park, KS 66225-5902
(800) 881-0722