



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