



MONITORING APPLICATION INSTRUCTIONS

Tier 1 Testing LLC
11140 SW Barbur Blvd Ste 101
Portland, OR 97219-8639

Phone: 503-345-9450
Fax: 503-296-2236
E-Mail: rick@t1testing.com

ATTN: _____ CONFIDENTIAL

Welcome as a new participant in Tier 1 Testing's Random Monitoring Program. We provide management of your drug and/or alcohol monitoring including notification, forensic collection, drug screening, confirmation testing, and compliance reporting. Please review these instructions and the application to understand how the program works. Call our office if you have questions.

We will activate your program as soon as you ***complete the enclosed application and return it with the initial application and set up fee of \$50.*** We recommend you set up ***AutoCharge*** payments for subsequent charges using a Visa or MasterCard (credit or debit) which will be run automatically to keep your balance current. You may also call in payments or send a check as long as you keep current within 30 days of service.

For your program to run smoothly, it is vital that we be able to notify you effectively. You should have at least one phone number that is a ***personal messaging system*** such as a mobile phone, or any personal phone with voice mail you access regularly. Providing an e-mail address is also very helpful. When you get our message, accept notification and make prompt arrangements for a specimen collection.

Once you are set up in our program, we will walk you through the process at the time of your first random notification and configure your program and options. We hope to help make this program a simple and effective way to facilitate your compliance.

Random Frequency:

Frequency of testing is set up on an annualized basis but monitoring can be started and stopped at any time. Frequency can be set at any random target from 6 per year (minimum) to daily and adjusted at anytime. Common random targets are 6, 13, 18, 24, 30, 36 and 52. Additional test may be required for follow up to positives, dilution, or other issues. The participant or the oversight authority may also request extra tests at any time.

Drug Testing Fees:

\$65.00	Urine Drug Test 10 Panel (MedTox MedPro-1 or equivalent)
\$65.00	Urine Drug Test EtG Only
\$85.00	Urine Drug Test 10 Panel with EtG
\$95.00	Urine Drug Test 12 Panel with EtG

Tests as required by Oversight authority. Test prices are bundled with forensic collection, adulterant check, screening, quantitative and qualitative confirmation and oversight reporting.

Monitoring and Additional Fees:

\$50.00	Initial Application & Set up Fee
\$15.00	Monthly Monitoring Fee* (administrative fee for monitoring and notification etc)
\$25.00	Reactivation Fee (for clients reactivating within 2 years of discontinued service)
\$25.00	Failed to Complete Fee (for any missed random not exempted at least 24 hrs in advance)

**Monthly Monitoring Fees may be WAIVED for clients who meet the following criteria:*

- Minimum Frequency of 13+ Randoms per year.*
- Set up with AutoCharge Payments and Automatic Notification (using Mobile Phone, Texting, and E-Mail)*
- Set up using a Single Reporting Agency and a primary preferred collection site.*

Additional Fees may apply for additional reporting or special collection arrangements such as out of area sites or sites charging additional fees for requested services.

KEEP THIS COPY FOR YOUR RECORDS



MONITORING MONITORING AGREEMENT (copy)

Tier 1 Testing LLC
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Tier 1 Testing LLC (Tier 1) will manage the participant's drug and/or alcohol testing program including randomization, notification, specimen collection, shipping, screening, confirmation and compliance reporting as requested. The participant agrees to cooperate and comply with the random monitoring agreement.

OVERSIGHT AUTHORITY: Tier 1 will report to, and act on the behalf of the participant's designated Oversight Authority (designated individual, employer or agency) and provide testing reports and other pertinent compliance information. The oversight authority is solely responsible for interpretation and action based on compliance reporting.

RANDOMIZATION & SCHEDULE: Tier 1 will randomly select days for testing in accordance with the participant's requested frequency. Random testing may occur on any Monday through Saturday unless the oversight authority makes exceptions. The participant is responsible to notify Tier 1 and the oversight authority at least a week in advance of unavailable dates for testing due to travel outside the normal Tier 1 service area or any other situation where the participant is unavailable for testing. All exceptions are subject to oversight authority approval.

NOTIFICATION: The participant must provide effective contact information. Tier 1 will attempt to discreetly notify participant on the day of required testing. The participant will personally accept notification or authorize another person to accept on his or her behalf. Inadequate contact information or a pattern of difficult or unsuccessful notification attempts will be reported as a compliance issue.

COMPLIANCE: The participant is responsible to make **prompt** arrangements for specimen collection on the day of notification. Tier 1 will facilitate collection arrangements with a priority on effective compliance. The participant must notify Tier 1 concerning problems or delays in compliance.

COLLECTION & TESTING: Collection sites and representatives will follow forensic protocols as requested. The participant will be asked to submit and seal a specimen and sign a legal Chain of Custody. The participant should be prepared with a photo ID, and produce an authentic specimen adequate and suitable for testing. Test panels may detect poppy seed ingestion and certain over the counter medications, dilution, or adulteration. The participant should inform oversight authority in advance of any medications or factors that may influence laboratory results.

SERVICE FEES: The participant is responsible to pay all fees unless other arrangements are made in advance. Tier 1 does NOT bill insurance. Fees cover complete program management as detailed above. The initial fee is due in advance and other charges are due at time of service. Accounts that remain past due for 60 or more days may be placed on HOLD until account is paid in full. Additional charges may apply when the participant or oversight authority requests special collection and/or testing.

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Rev. 05/11



RANDOM MONITORING APPLICATION

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Phone: 503-345-9450
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PARTICIPANT INFORMATION

Name (Full Legal) _____ Name you go by: _____
Mailing Address _____
E-Mail Address _____

BILLING Address (if different)

OVERSIGHT REPORTING *Please report my compliance to:*

Oversight Organization: _____

Attention / Phone / Fax: _____

Mailing Address: _____

Availability Allowances / Exceptions* _____

Special Arrangements Requested: _____ [] Witnessed Collection

RANDOM FREQUENCY: _____ per Yr. TEST Panel(s): _____ Notes: _____

NOTIFICATION INSTRUCTIONS *Notify me as follows. (Include at least one direct personal phone with voice mail). Messages are discreet and initial contact is usually made between 6 - 9 a.m.*

PRIMARY CONTACT: CEL* / E-MAIL / RES / WRK / PGR _____ Best Time: _____ a.m.
(Circle One)

Special Instructions: _____

SECONDARY CONTACT: CEL* / E-MAIL / RES / WRK / PGR _____ Best Time: _____ a.m.
(Circle One)

Special Instructions: _____

BACK UP CONTACT: CEL* / E-MAIL / RES / WRK / PGR _____ Best Time: _____ a.m.
(Circle One)

Special Instructions: _____

**If you are able to receive TEXT (SMS) Messages on a Mobile Number, Please note service provider (e.g. AT&T, Verizon etc)*

PAYMENT ARRANGEMENTS

[Make Checks to TIER 1 TESTING]

Fed EIN # 27-3706660

PAYMENT BY [] VISA [] MasterCard [] Money Order [] Check # _____ AMOUNT: \$50.00*

**Initial Application and Set-Up Fee*

TO PAY BY CREDIT CARD

Card Number: _____ - _____ - _____ Expires: _____ - _____ (MM-YY)

Name on Card: _____ Signature: _____

Activate AutoCharge Payments on this CARD? [] YES [] NO Note: AutoCharge payments are at time of service.
Any declined charges will revert back to regular billings until updated.

AUTHORIZATION: *I hereby authorize Tier 1 Testing to manage my monitoring program and report my compliance to the above Oversight Authority listed according the accompany agreement.*

Signature: _____ Date: _____

READ and SIGN Application and Agreement / Mail with Application Fee

Office Use Only

SENT

RCVD

STDT

MSAC

QBKS

ID: _____

Rev. 05/11

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Signature: _____

Date: _____

READ and SIGN Application and Agreement / Mail with Application Fee

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