

Hello,

Mahaska Health's Department of Occupational and Employee Health is updating its drug and alcohol testing protocols for partnering local Employers. If you would please provide the following information so that we can ensure we are addressing your business's needs (Please fill out the following Table 1):

- HR contact person (name, phone number, email) as well as an after-hours supervisor phone number if applicable. *We highly encourage a supervisor or manager to accompany an employee that will require drug and/or alcohol testing for reasonable suspicion and/or post-accident.*
- Selection of drug and alcohol test with appropriate form (Please fill out following table 1)

We appreciate your time in getting this information back to us. Please feel free to reach out to us at 641.672.3274 with any questions or concerns. We appreciate the opportunity to take care of your employees.

Sincerely,

Arthur Zacharjasz, ARNP-BC
Mahaska Health
Occupational and Employee Health

Table 1.

HR contact				
After-hours contact (if applicable)				
	Rapid drug screens (Non-Federal)	Send-out Drug Testing	Alcohol Testing	Additional instructions, comments
Drug Testing	<input type="checkbox"/> 5 Panel <u>OR</u> <input type="checkbox"/> 10 panel	Current Contracted laboratory _____ <u>AND</u> <input type="checkbox"/> Federal (DOT) <input type="checkbox"/> Non-Federal (Non-DOT)		
Drug Form	<input type="checkbox"/> Donor to bring CCF <u>OR</u> <input type="checkbox"/> Housed at MH <u>OR</u> <input type="checkbox"/> MH generic forms	<input type="checkbox"/> Donor to bring CCF <u>OR</u> <input type="checkbox"/> Housed at MH		
Alcohol Testing			<input type="checkbox"/> Federal <input type="checkbox"/> Non-Federal <u>AND</u> <input type="checkbox"/> Always with drug testing <u>OR</u> <input type="checkbox"/> As Requested* <i>*Note: (this will default to Mahaska Health <u>NOT</u> performing an alcohol test unless there is authorization from the employer)</i>	
Alcohol Form			<input type="checkbox"/> Donor to bring CCF <u>OR</u> <input type="checkbox"/> Housed at MH	
Legend: DOT: Department of Transportation; CCF: Chain of custody form; MH: Mahaska Health				