Stat Diagnostics, LLC

4339 Ridgewood Center Drive

4528 Plank Road #103

Woodbridge, VA 22192

Fredericksburg, VA 22407

(703) 661-9112

info@statdiagnosticsva.com

DOT RANDOM DRUG & ALCOHOL CONSORTIUM PROGRAM

DOT CONSORTIUM PACKAGE INCLUDES

- Membership in DOT Random Testing Consortium or Individual Selections
- Random Selections and Notifications Quarterly
- Consultation and Administrative Support (One Time and On-Going Options)
- Local and Out of Area Drug and Alcohol Collection Sties
- Referrals to Substance Abuse Professional
- * Resource Center for Current Regulations and Agency Inspection Required Reports
- DOT Alcohol and Drug Testing Employee Handbook
- Drug Testing to Include Specimen Collection, Initial Lab Test and GC/MS Confirmation
- Certified, Full Time MRO Reporting of Results via phone, email or fax.

FEE SCHEDULE

Consortium Annual Membership Fee \$299.00

1-10 DOT Employees per company Fee, Multi-Company Pool

Owner Operator/Single Driver Annual Fee \$_____*

^{*} Setup Fee May Be Required

Supervisor Training	\$75- Online Version
FMCSA Clearinghouse Registration Fee	\$25- One Time Fee Per Driver
New Entry Audit	\$125- One Time Company Fee
FMCSA Clearinghouse Query Program	\$10- Per Driver Annually
Per Drug Test	\$65- Fees May Vary Based On Each Clinic
Per Alcohol Test	\$35- Fees May Vary Based On Each Clinic
Driver Qualification (DQ) File	\$150- One Time Fee Per Driver

Testing Fee Includes: 5 Panel DOT Drug Screen, Collection of Specimen, Lab Testing with Confirmation, MRO Reporting, MIS Reports when required and/or requested, and Certified Random Selections – All DOT Approved.

The testing services listed above will keep you in compliance with the DOT Drug and Alcohol Testing Regulations – 49 CFR Part 40 and the regulations of your operating administration.

Stat Diagnostics LLC

Date:	Com	pany Name:				New Reinstater	mant
Contact or Designated Employer Penrocentative (DER):							
Contact or Designated Employer Representative (DER): Billing Contact:							
Same as DER							
Mailing Address:		Physical Address	•		Billing Addr	acc:	
ivialiling Address.		Filysical Address	•		Billing Addi	C 33.	
City ST	ZIP	City	ST	ZIP	City	ST	ZIP
,		,			,		
Main Phone #: ())	Alt Phone #: ()		Fax Phone	#: ()	
,		,	,		Secure Fax		
Email:		How did you hea	r about us?		DOT#		
		,					
Stat Diagnostics LLC w	vill act as an interi	mediary in transmi	itting the inf	ormation	from other se	ervice agents to	the DER
of the employer per A						· ·	
Please select how you				Email	Fax	Mail (Select	One)
Í		•					•
Type of Business: (ie:	Trucking, constru	ction, Etc.)			Ow	ner Operator?	YES or NO
Are you a seasonal co							
Are you currently enr	olled in a Random	Drug Testing Prog	gram? YES	or NO	100	110	
If yes, Consortium Na	me:D_	A D I D T	E Q I I		102	UTIO	N 2
Company required tes	sting: DOT or N	ON-DOT		LIVU	OUL	0 1 1 0	NO
DOT Agency:							
If FMCSA, are you reg	istered in the FM	CSA Clearinghouse	? YES or NO	0			
Please note: All DOT	employees must p	rovide proof of ne	gative drug	test or pre	evious Conso	rtium enrollme	nt before
they will be enrolled i	n our Consortium	Program.					
To use a previous dru	g test, it must hav	e been taken with	in <i>30 days</i> p	rior to joir	ning the Cons	sortium.	
Consortium Members	ship Fee \$						
Single Driver or Owne	er Operator \$						
Pre-Employment DOT	Pre-Employment DOT Drug Testing \$65* Urine Collection/Testing \$35* BAT						
Clearinghouse Registr	ration Fee	25 Stat Diagnostic	s LLC will reg	gister you i	in the FMCSA		
Supervisor Training	Ç	75 Required All D	OT companie	es except (owner opera	tors	
Reinstatement Fee	(75 DOT Drug test	is required f	for reinsta	tement		
*Pricing may vary upon lo							
Payment Method: (Pr	_	nded after 12 mon	ths if set up	autopay)			
Visa/Mastercard Nun					_ Exp:	CVV:	
Keep my info o	Keep my info on file for future invoices. (<i>Please Initial</i>)						
With my signature I hereby agree to participate in the Stat Diagnostics LLC Consortium and further agree to abide by its rules, policies, and procedures. Upon receipt of my signed application and payment Stat Diagnostics LLC will							
=				-		_	
forward me a comple	te membership pa	аскаде, which will	include proc	ot ot mem	pership and S	stat Diagnostic	s LLC rules
and regulations.							
Authorized Signature:					Date	:	

Driver Information Roster

Please send a copy of each driver's current license and last drug screen.

Employee Name	Telephone Number	<u>Driver License # /State Issued</u>	DOB / Last 4 of SSN
1		/	
2		/	
3		/	
4		/	
5		/	
6	STAT	DIAGNOS	TIC,S
7		ESTING SOL /	
		/	
9		/	/
10		/	/_

Please print additional sheets for additional employees.

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DOT RANDOM DRUG & ALCOHOL CONSORTIUM PROGRAM SERVICE AGREEMENT

Stat Diagnostics LLC abides by all current Department of Transportation (DOT) Regulations regarding 49 CFR Part 40 of all DOT agencies. The goal of Stat Diagnostics LLC is to provide dependable administrative survivors. The employer, however, is ultimately responsible for staying in compliance with the department of Transportation.

Membership fees include all random draws and all administrative fees. Sperate fees are required for supervisor training, SALE Programs, Follow-up testing, and its administration. Stat Diagnostics LLC will act as an intermediary in transmitting the information from the other service agents to the DER of the employer per Appendix F of the 49 CFR Part 40 procedures. We will retain all associated DOR required records during the service period and will provide these records upon request at no charge upon membership termination. Required records not received by this consortium will be the responsibility of the member (e.g.: MRO records sent to the enrolled not forwarded to us)

Services Offered:

	DOT & NON-DOT Drug Testing	Computer Generated Random Selections		
	DOT Breathalyzer Alcohol	Substance Abuse Professional Referral		
	Cert <mark>ified MRO</mark>	48-Hours Result Notification		
	Contracted Collection Sites	Supervisor Training & Education		
SAMSHA/NIDA Certified Lab		Statistical Reporting Upon Request		

Stat Diagnostics LLC Policies:

- 1. Information provided must be complete and accurate on the application. No false data may be knowingly submitted to Stat Diagnostics LLC.
- 2. The employer must implement a Substance Abuse Policy and instruct their employees according to the procedures in the employee handbook provided in the new member package.
- 3. The employer understands that they are ultimately responsible for the validation, implementation and the consequences of their drug and alcohol testing program. The Employer further agrees that they understand the methods and policies of Stat Diagnostics LLC.
- 4. DOT's main program may only enroll drivers operating under the Department of Transportation Federal Regulations.
- 5. Non-DOT Employers may only enroll employees that they have determined to be legally eligible for such a program. Employers in the state of California have been given the disclosure regarding Supreme Court Ruling.
- 6. Your company must remain current regarding amounts owed to Stat Diagnostics LLC. A finance charge of **1.5%** per month will be assessed for amounts 30 days passed due. Employers will be notified in writing with sufficient time as indicated on the notice. Failure to pay the indicated amount will result in termination.

- 7. Insufficient Funds returned checks will be subject to a \$29 Return Check Handling Charge.
- 8. All random notifications must be responded to within the allotted time period. If we do not receive a response after a reasonable number of attempts have been made, we will report the result as "Failure to Test" Per DOT instructions.
- 9. DOT drivers who show positive on any test authorized by Stat Diagnostics LLC will be removed from the DOT pool until evaluated by a substance abuse professional as indicated in the DOT regulations. If the driver requests that the split specimen be tested, the employer is responsible for payment as indicated in the DOT Regulations. Any additional costs incurred for processing positive testing results are also the responsibility of the employer.
- 10. Any company found to violate Stat Diagnostics LLC policies or Department of Transpirations (DOT) Regulations 49 CFR Part 40 and any additional agency regulations, will be terminated without refund.

Hold Harmless & Indemnification

Company holds harmless and willfully indemnifies Consortium for any claims made by company, company's employee, or former employee of company for the following claims: alleged improper, illegal, and/or unauthorized disclosure made by consortium to company or on company's behalf pursuant to the requirements of this agreement.

Company shall hold harmless and indemnify Consortium for any and all claims made by The Company's employees with respect to any erroneous incorrect, and/or incomplete information. The Company is required to provide to the Consortium per services in this agreement.

	STA	T DIAGN		ICS
Authorized Signature:	RAPID	TESTING	S U L U	110 N 3
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Stat Diagnostics LLC: