

## Association of Washington Cities: Electronic Tools Overview

Presented by Andrew Knox  
President, PROCOM LLC



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## Agenda

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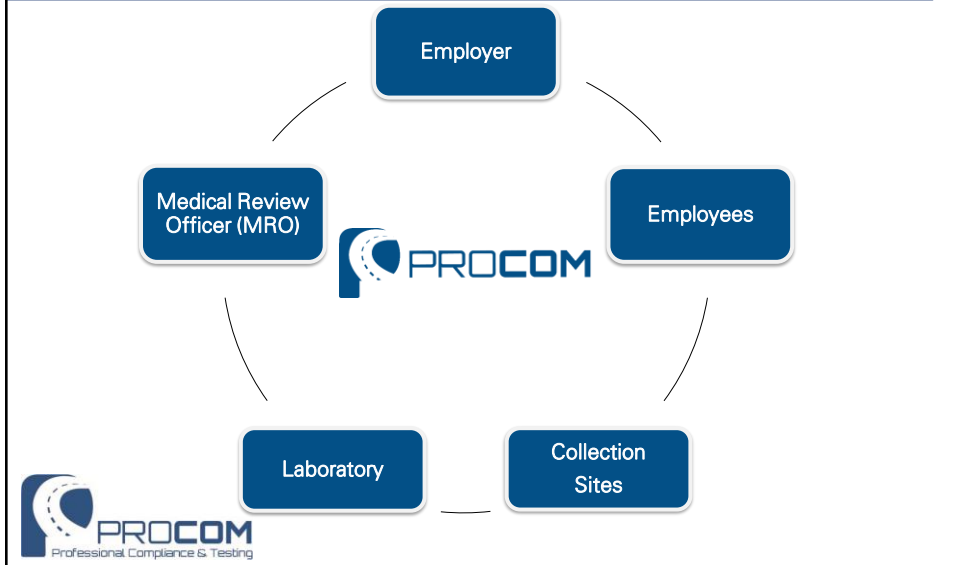
- Drug Testing Flow
- Viewing Test Results
- Scheduling Testing
  - ‘eScheduling’ at in-network facilities
  - Paper based testing
- Frequently Asked Questions / Q&A



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# Drug Testing Flow



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# Test Notification Email

**From:** Association of Washington Cities <[info@procomtesting.com](mailto:info@procomtesting.com)>  
**Sent:** Wednesday, January 31, 2024 9:21 AM  
**To:** Andrew Knox <[andrew@procomtesting.com](mailto:andrew@procomtesting.com)>  
**Subject:** New Test Result Available

This email is to notify you that a new test result is ready for you on the PROCOM Portal.

Donor Name: JOHN DOE  
Specimen ID: 216862489

To view this result letter and the supporting documentation please login at <https://login.procomtesting.com>

Sincerely,

MRO Department  
Dr. Philip Lopez  
Chief Medical Review Officer

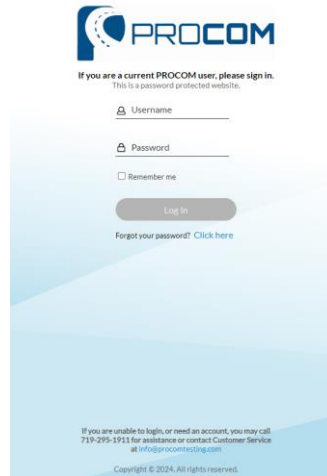


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## Viewing Test Results

- URL: <https://login.procomtesting.com>
- Username: *FirstName.LastName*
- PW: You can select

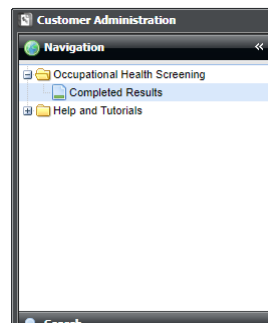


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## Navigate to 'Completed Results'

- Upper left corner under 'Navigation'
- Expand (+) the 'Occupational Health Screening' folder
- Select 'Completed Results'
- This should display all of your results since January 1<sup>st</sup>, 2024 in the grid to the right



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Completed Results							
<a href="#">Edit</a> <a href="#">Notes</a> <a href="#">Result</a> <a href="#">Documents</a> <a href="#">Send</a> <a href="#">Export</a> <a href="#">Results Summary</a> <a href="#">DOT MIS Report</a>							
Viewed	Customer Of	MRO Result	Reason For Test	Collection Date/Time	Program Description	Report Date	Specimen Type
NEW	Association of Washington Cities	NEGATIVE	PRE-EMPLOYMENT	2024-01-31 11:02:21	DOT	2024-02-01 11:47:48	URINE
NEW	Association of Washington Cities	NEGATIVE	RANDOM	2024-01-31 08:38:21	DOT	2024-02-01 11:47:45	URINE
NEW	Association of Washington Cities	NEGATIVE	RANDOM	2024-01-31 09:07:33	DOT	2024-02-01 11:16:05	URINE
NEW	Association of Washington Cities	NEGATIVE	RANDOM	2024-01-30 19:56:00	DOT	2024-02-01 10:55:26	URINE
NEW	Association of Washington Cities	NEGATIVE	PRE-EMPLOYMENT	2024-01-30 13:21:00	DOT	2024-02-01 10:36:09	URINE
NEW	Association of Washington Cities	NEGATIVE	RANDOM	2024-01-31 09:30:29	DOT	2024-02-01 10:26:49	URINE
NEW	Association of Washington Cities	NEGATIVE	RANDOM	2024-01-31 10:49:39	DOT	2024-02-01 10:26:45	URINE
NEW	Association of Washington Cities	NEGATIVE	RANDOM	2024-01-30 09:07:00	DOT	2024-01-30 14:06:28	BREATH
NEW	Association of Washington Cities	NEGATIVE	FOLLOW-UP	2024-01-30 12:59:00	DOT	2024-01-30 15:05:07	BREATH
NEW	Association of Washington Cities	NEGATIVE	RANDOM	2024-01-30 13:18:00	DOT	2024-01-30 15:36:00	BREATH
NEW	Association of Washington Cities	NEGATIVE	RANDOM	2024-01-30 11:13:00	DOT	2024-01-30 21:25:08	BREATH
NEW	Association of Washington Cities	NEGATIVE	PRE-EMPLOYMENT	2024-01-29 08:52:00	NONDOT	2024-01-31 08:44:31	URINE
NEW	Association of Washington Cities	NEGATIVE	RANDOM	2024-01-29 09:02:00	DOT	2024-01-31 09:18:23	URINE
NEW	Association of Washington Cities	NEGATIVE	RANDOM	2024-01-31 08:31:00	DOT	2024-01-31 10:35:04	BREATH
NEW	Association of Washington Cities	NEGATIVE	RANDOM	2024-01-30 09:07:59	DOT	2024-01-31 12:16:31	URINE
NEW	Association of Washington Cities	NEGATIVE	PRE-EMPLOYMENT	2024-01-30 13:00:29	DOT	2024-01-31 14:37:44	URINE
NEW	Association of Washington Cities	NEGATIVE	RANDOM	2024-01-30 09:08:16	DOT	2024-01-31 13:55:50	URINE
NEW	Association of Washington Cities	NEGATIVE	RANDOM	2024-01-30 08:59:50	DOT	2024-01-31 13:55:47	URINE
NEW	Association of Washington Cities	NEGATIVE	RANDOM	2024-01-30 09:35:49	DOT	2024-01-31 12:33:10	URINE
NEW	Association of Washington Cities	NEGATIVE	RANDOM	2024-01-30 13:23:32	DOT	2024-01-31 12:16:48	URINE
NEW	Association of Washington Cities	NEGATIVE	RANDOM	2024-01-30 10:27:52	DOT	2024-01-31 12:16:34	URINE
NEW	Association of Washington Cities	NEGATIVE	RANDOM	2024-01-24 06:08:00	DOT	2024-01-31 11:18:10	URINE
NEW	Association of Washington Cities	NEGATIVE	FOLLOW-UP	2024-01-30 11:10:00	DOT	2024-01-31 11:06:15	URINE
NEW	Association of Washington Cities	NEGATIVE	RANDOM	2024-01-31 08:53:00	DOT	2024-01-31 11:06:23	BREATH
Page 1   Show 50 items   Show Hide Customize							



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		<b>Test Results</b>	
<b>Date Results Transmitted:</b> 2024-09-20 12:08 PM <b>Transmitted By:</b> PL <b>Participant/Donor:</b> XXXXXXXXXXXX <b>SSN/EID:</b> WAWDLXXXXXXXX <b>CCF/Specimen ID:</b> 794672XXXX <b>Specimen Type:</b> URINE <b>Company:</b> Asm of WA Cities <b>Location:</b> Asm of WA Cities <b>Lab Account Number:</b> 498267		<b>Reason for Test:</b> RANDOM <b>Date Specimen Collected:</b> 2024-09-19 <b>Laboratory:</b> Alere <b>Collection Site:</b> CONCENTRA - LACEY, WA <b>Collection Site Phone:</b> 3604551350 <b>Program:</b> DOT <b>Agency:</b> FMCSA <b>Date MRO Received CCF Copy 2:</b> 2024-09-19 <b>Date Test Verified by MRO:</b> 2024-09-20	
<b>Test Results</b>			
<b>Panel - DOT DRUG PANEL 5000</b>			
Drug	Results	Screen	Confirm
Amphetamines	NEGATIVE	500	250
Cocaine	NEGATIVE	150	100
Marijuana	NEGATIVE	50	15
Opioids	NEGATIVE	2000	2000
Phencyclidine (PCP)	NEGATIVE	25	25
<b>MY DETERMINATION/VERIFICATION IS: NEGATIVE</b>			
<b>Certified Medical Review Officer</b> <b>Dr. Philip Lopez</b>			
<small>The information contained in this message is CONFIDENTIAL and is for the intended addressee only. Any unauthorized use, dissemination of the information, or copying of this message is prohibited. If you believe you have received the message in error, please contact our Client Services Department or delete the message without copying or disclosing it.</small>			
<small>1805 Fortino Boulevard, Pueblo, CO 81008   Phone: 719-295-1911   Fax: 719-296-0325</small>			



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Alere Technologies Services, Inc. **FEDERAL DRUG TESTING CUSTODY AND CONTROL FORM**

1011 N. Highway 80, Suite 1000, Phoenix, AZ 85008-1000 Phone: 800-438-3000  
4010 S. Highway 80, Suite 1000, Phoenix, AZ 85008-1000 Fax: 602-438-3000

LAB NUMBER

SPC10410 E No: 794672XXXX

**STEP 1: COMPLETED BY COLLECTOR OR EMPLOYER REPRESENTATIVE**

A. Employer Name, Address & City, State, Zip, and Fax No.  
1075 Foxboro Street  
Olympia, WA 98501  
Phone: 360-755-4157 Fax: 800-000-0000

DOB Name & Phone: Call Work: 367133535

B. MRO Name, Address, Phone No. and Fax No.  
A. Dr. PHILIP J. COPELAND  
1805 FORT HIND BLVD  
PUEBLO, CO 81008  
Phone: 719-586-1911 Fax: 719-586-1922

C. Donor ID# (Employer ID, or ID# Name and No.)  
WAWDLXXXXXXX

D. Specify Testing Authority  
Specify DOT Agency: ☒ NIOSH ☐ FM ☐ FAA ☐ FTA ☐ FIMBA ☐ USDOJ

E. Reason for Test: ☐ Pre-employment ☒ Random ☐ Post-accident ☐ Return-to-duty ☐ Other (Specify):

F. Drug Tests to be Performed: ☒ THC, COC, POP, OR, AMP ☐ THC & COC Only ☐ Other (Specify):

G. Collector Site Address:  
Columbia Lacey - 45524  
3000 Pacific Avenue  
Lacey, WA 98503

Collector Contact Info: Phone: 360-455-1230  
Fax: 360-455-4364  
Other:

**STEP 2: COMPLETED BY COLLECTOR (specify remarks when appropriate)**

COLLECTION: ☒ Self ☐ Urine ☐ New Provision, Enter Reason:  
URINE: Collector must collect specimen within 4 minutes. Temperature between 90° and 100° F. ☒ Yes ☐ No, Enter Reason: ☐ Observed, Enter Reason:  
ORAL FLUID: Test Type: ☐ Urine ☐ Saliva ☐ Buccal Swab ☐ Other (Specify): ☐ Yes ☐ No, Enter Reason: (Specify)

REMARKS:

**STEP 3: Collector affixes seal(s) to bottle(s)/tube(s). Collector draws serial(s). Donor initials serial(s). Donor completes STEP 5 on Copy 2 MRO Count**

**STEP 4: CUSTODY OF SPECIMEN - IN HAND BY COLLECTOR AND COMPLETED BY TEST FACILITY**  
(Collector affixes seal(s) to bottle(s)/tube(s). Collector draws serial(s). Donor initials serial(s). Donor completes STEP 5 on Copy 2 MRO Count)

X *[Signature]* Signature of Collector 09 / 19 / 2024 11:00 AM ☒ AM ☐ PM  
(PRINT Collector Name (First, M, Last) Date (MM/DD/YYYY) Time of Collection Name of Test Facility)

**STEP 5: COMPLETED BY DONOR**  
(Identified provided to the specimen, in a different bag from all collected in any manner, each specimen bottle and any serial with a unique number and in my possession, and I have the materials provided on this form and I am not allowing them to be removed from my possession.)

X *[Signature]* Signature of Donor DONOR NAME: 09 / 19 / 2024  
(PRINT Donor Name (First, M, Last) Date (MM/DD/YYYY))  
Email: Day Phone: XXX-XXX-XXXX Evening Phone: XXX-XXX-XXXX Date of Birth: 01 / 01 / 1982  
(PRINT Donor Phone (First, M, Last) Date (MM/DD/YYYY))

After this Federal Review Officer completes the test results for the specimen identified by the form, the donor may contact the test facility for information and assistance regarding the results. Therefore, you may want to make a list of these medications for your own records. THIS LIST IS NOT TO BE DISCLOSED. If you choose to make a list, do so on a separate piece of paper and do not include it in the specimen container. DO NOT INCLUDE THIS INFORMATION ON THE BACK OF ANY COPY OF THIS FORM. MAKE A COPY OF THIS LIST AND KEEP IT IN A SAFE PLACE.

**STEP 6: COMPLETED BY MEDICAL REVIEW OFFICER - PRIMARY SPECIMEN**  
In accordance with applicable Federal requirements, my verification is:  
☐ Negative ☐ Positive for: ☐ TEST CANCELLED

☐ Delay  
☐ Refused to Test (reason: check reason(s) below) ☐ TEST CANCELLED  
☐ ADULT (MAY BE SUBSTITUTED)  
☐ SUBSTITUTED  
☐ OTHER:

REMARKS:

X *[Signature]* Signature of Medical Review Officer (PRINT Medical Review Officer Name (First, M, Last) Date (MM/DD/YYYY))

**STEP 7: COMPLETED BY MEDICAL REVIEW OFFICER - SPLIT SPECIMEN**  
In accordance with applicable Federal requirements, my verification is:  
☐ RECONFIRMED for: ☐ TEST CANCELLED  
☐ FAILED TO RECONFIRM for:

REMARKS:

X *[Signature]* Signature of Medical Review Officer (PRINT Medical Review Officer Name (First, M, Last) Date (MM/DD/YYYY))

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## Test Scheduling Overview

- Throw away all Labcorp / Quest forms!
  - If the testing form does not have Dr. Lopez listed in the upper right corner of the CCF, do not use it!
- Collection sites split into categories:
  - In network → Lower rates, electronically enabled
  - OON → Typically in more rural areas, paper based, onsite collectors.

## In Network: Overview

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- No physical supplies needed – everything is electronic
  - Great for out of area hiring!
- Dramatically fewer errors
- Multiple locations to choose from in most markets
- Pre-Authorization required via Datalink portal
  - URL: <https://datalink.abbott/us/#/login>
  - Remote ID: 128961
  - User ID / PW: Unique per individual



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## In Network Scheduling Demo

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*Live demonstration of process*



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# OON Testing – Paper Process

- Each collection site has both a unique process and requirements.
- Requirements for setup
  - Agreement to billing terms / service validation
    - Some clinics require a contracting process
  - Shipment of testing supplies, CCF documents
  - Clinic receives a protocol document
  - Employer receives a Pre-Authorization Form



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		PHONE • 719 – 296 – 1911 FAX • 719 – 296 – 0325 EMAIL • INFO@PROCOMTESTING.COM
	<p><i>AWC Client Name - Drug Test Authorization</i></p> <p><u>Clinic</u>          Clinic Name _____          Address _____          City, State ZIP _____          Clinic Phone Number _____</p> <p>Employee Name _____ Date _____</p> <p>DOT-FMCSA Testing ____ NONDOT Testing ____</p> <p><u>Type of Test</u>          Pre-Employment ____ Random ____ Post Accident ____          Reasonable Suspicion ____ Return to Duty ____ Follow Up ____</p> <p>Breath Alcohol Test Authorized ____</p> <p>Name of Person Authorizing Test _____</p> <p><u>Instructions for Collection Site:</u>          COCs – Use pre-printed COCs (Alere) stored at your facility          MRO – Fax all MRO and BAT copies to Dr. Philip Lopez: (719)296-0325          Billing – Bill PROCOM for all drug testing collection / BAT services:</p> <p style="text-align: center;">PROCOM LLC          1805 Fortino Blvd          Pueblo, CO 81008  <a href="mailto:accounts@procomtesting.com">accounts@procomtesting.com</a></p>	

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## Frequently Asked Questions

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- How do I add somebody to the consortium?
- How do I remove somebody from the consortium?
- What is the flow of quarterly random selections?
- Post Accident Testing – When should I use a DOT test vs. a NonDOT test?
- When is Oral Fluid Testing coming?



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## Frequently Asked Questions Cont'd

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- What is a Safety Concern Letter? What should I do with this information?
- What will change if Marijuana is moved to a Schedule 3 drug at the Federal Level?
- What are the new Washington rules around Non-DOT testing for THC?



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# Questions?

## Presenter Contact Information:

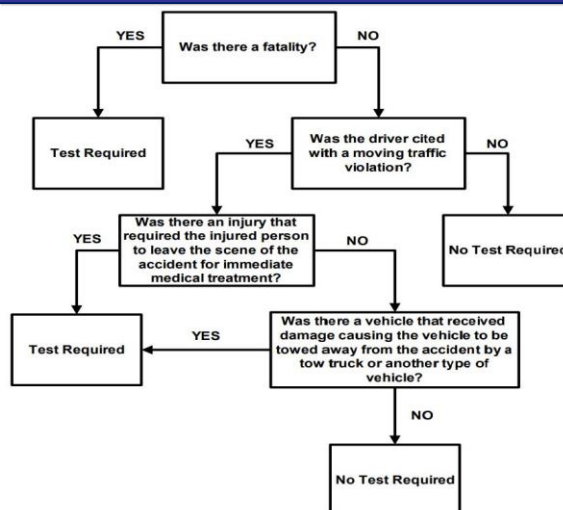
Andrew Knox  
President, PROCOM LLC  
Phone: 719-295-1911  
Email: [andrew@procomtesting.com](mailto:andrew@procomtesting.com)



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## DOT-FMCSA Post Accident Decision Tree



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# Evolution of Marijuana

