

**Please email your completed form to the FormFox Inside Sales Team at:** mhayes@formfox.com

**Do you have any questions or concerns? Contact us at**

**Today’s Date**:Click here to enter text.

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**Site Information**

**Site Name**: Click here to enter text.

**Street Address**: Click here to enter text.

**City**: Click here to enter text.

**State & Zip**: Click here to enter text.

**Phone**: Click here to enter text.

**Fax**: Click here to enter text.

**Email**: Click here to enter text.

|  |  |
| --- | --- |
| **Days Open** | **Hours Open** |
| [ ] Monday | Click here to enter text. |
| [ ] Tuesday | Click here to enter text. |
| [ ] Wednesday | Click here to enter text. |
| [ ] Thursday | Click here to enter text. |
| [ ] Friday  | Click here to enter text. |
| [ ] Saturday | Click here to enter text. |
| [ ] Sunday | Click here to enter text. |

**Do you allow walk-ins:** [ ] Yes [ ] No

**Additional Information** (i.e. Holidays, Lunch, Appointment Only, etc.): Click here to enter text.

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**Primary Contact Information**

**Primary Contact Name**: Click here to enter text.

**Contact Role**: **Choose an item.**

**Contact Email**: Click here to enter text.

**Contact Phone Number**:Click here to enter text.

**What is the best way to contact you during your implementation process?**

[ ] **Phone**

 [ ] **Email**

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**Quest Preferred / 3rd Party**

**Are you a Quest Preferred site or 3rd Party?:** Select Site Type

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**Lab Information**

**Quest** [ ] House Lab [ ] Collection Only

**LabCorp**  [ ] House Lab [ ] Collection Only

**CRL**  [ ] House Lab [ ] Collection Only

**Psychemedics** [ ] House Lab [ ] Collection Only

**Omega**  [ ] House Lab [ ] Collection Only

**Keystone**  [ ] House Lab [ ] Collection Only

**Legacy**  [ ] House Lab [ ] Collection Only

**DrugScan**  [ ] House Lab [ ] Collection Only

**Other** Click here to enter text.

 [ ] House Lab [ ] Collection Only

**Estimated Volumes Across All Collections: \_\_\_\_\_\_**[ ] Annually [ ] Monthly

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**What services will you provide through FormFox?**

[ ] Non-Federally Regulated Urine Collections [ ] Saliva Alcohol Testing

[ ] Federally Regulated Urine Collections [ ] Saliva Drug Collections

[ ] Breath Alcohol Testing [ ] Hair Collections

[ ] Point-Of-Care (Instant) Testing [ ] Blood Draw

 [ ] Quest [ ] CRL

[ ] On-Site Collections Available [ ] After Hours Collections Available

[ ] Observed Collections

[ ] DOT / Non-DOT Physicals

[ ] Type in any Occupational Health Services offered:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Please verify you have the necessary equipment on-site**

**PC Configuration**

1. [ ]  **Computer** (PC running Windows 7 or newer)

2. [ ]  **Printer**

3. [ ]  **ePad Signature Pad** (VP9801 or VP9805)

4. [ ]  **Tera Rechargeable Wireless Barcode Scanner** (2.4Ghz Wireless+USB 2.0 Wired)

* Link to purchase on Amazon: [Tera Wireless Barcode Scanner](https://www.amazon.com/Tera-Wireless-Versatile-Rechargeable-Automatic/dp/B078SQ91FB/ref%3Dsr_1_7?keywords=wireless+barcode+scanner&qid=1559162103&s=gateway&sr=8-7)

***OR***

4a.[ ]  **Motorola LS2208 Barcode Scanner**

**iPad Configuration**

1. [ ]  **iPad** capable of running **iOS 12** or newer. + AirPrint Compatible printer. Some compatible iPad models are:

12.9-inch iPad Pro (3rd generation) ; 12.9-inch iPad Pro (2nd generation)

12.9-inch iPad Pro (1st generation) ; iPad Pro (11-inch) ; iPad Pro (10.5-inch) ; iPad Pro (9.7-inch)

iPad Air (3rd generation) ; iPad Air 2 ; iPad Air ; iPad (6th generation) ; iPad (5th generation)