



PO Box 1030  
Midlothian, TX 76065  
469-548-3851  
469-621-1837 (fax)

## Pricing Agreement

### Collection Site information:

Clinic Name: \_\_\_\_\_

Physical Address: \_\_\_\_\_ Suite # \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Clinic Contact: \_\_\_\_\_ Email Address: \_\_\_\_\_

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### Billing Information:

Remit to address: \_\_\_\_\_ Suite # \_\_\_\_\_

City: \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Billing Contact: \_\_\_\_\_ Email Address: \_\_\_\_\_

### Hours of Operation:

Monday \_\_\_\_\_ to \_\_\_\_\_

Tuesday \_\_\_\_\_ to \_\_\_\_\_

Wednesday \_\_\_\_\_ to \_\_\_\_\_

Thursday \_\_\_\_\_ to \_\_\_\_\_

Friday \_\_\_\_\_ to \_\_\_\_\_

Saturday \_\_\_\_\_ to \_\_\_\_\_

Sunday \_\_\_\_\_ to \_\_\_\_\_

### Do you accept:

Walk-ins? Y / N

Post Accidents? Y / N

### Do you provide:

After Hours Services? Y / N

After Hours Number \_\_\_\_\_

Onsite Services? Y / N

Are you willing to modify/ alter a chain of custody? Y / N

Does your facility have adequate parking for Semi Trucks? Y / N

**Do you provide Workman's Comp services? Y / N**

**Are Appointments required for physicals Y / N      Drug Screens Y / N**

**Do you have Quest Courier Service? Y / N**

Corporation: Y / N    Internet Access: Y / N

Taxpayer ID#: \_\_\_\_\_

Please provide up-to-date W-9. A blank form is attached for your convenience.

**DOT specimen collectors must meet the requirements of DOT 49 CFR Part 40 before August 1, 2001 and be knowledgeable of the current DOT requirements for specimen collection.**

**Pricing per event:**

Daytime Price

Onsite/After Hours Price

Audiogram	\$ _____	\$ _____
Blood Draw (Phlebotomy)	\$ _____	\$ _____
Breathe Alcohol Test (Initial)	\$ _____	\$ _____
Breathe Alcohol Test (Confirmation)	\$ _____	\$ _____
Blood Pressure and Pulse recheck	\$ _____	\$ _____
Chest X-Ray (PA & Lateral)	\$ _____	\$ _____
EKG	\$ _____	\$ _____
Glucose Fingerstick	\$ _____	\$ _____
Hair Collection (with kit provided)	\$ _____	\$ _____
Mileage	\$ _____	\$ _____
Observed Collection Fee	\$ _____	\$ _____
Oral (Saliva) Alcohol Test	\$ _____	\$ _____
Oral (Saliva) Drug Collection	\$ _____	\$ _____
DOT Physical (includes urine dip)	\$ _____	\$ _____
NON-DOT Physical (generic)	\$ _____	\$ _____
Pulmonary Function Test	\$ _____	\$ _____
Respiratory Fit Test	\$ _____	\$ _____
DOT Urine Collection (Collection only)	\$ _____	\$ _____
NON-DOT Urine Collection (collection only)	\$ _____	\$ _____
Urine Dip	\$ _____	\$ _____
Vision Screening (Titmus)	\$ _____	\$ _____

**Test request will be required for payment.**

**Contract Pricing Terms: 1 year or 2 years from date of signature unless notified within 30 days in writing. (Please circle one). If you do not chose, this pricing will automatically be valid for 2 years.**

By signing below I am verifying I have authorization to negotiate and sign contract pricing agreements.

Name: \_\_\_\_\_ Title: \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

\*\*\*\* Please Note: If you are a Quest preferred collection site, you MUST use your collection site ID code on all Quest ccf's. We use multiple labs so we will still need your current pricing for drug screen collections in the event we need you to collect for a client that uses a lab other than Quest.



## DOT Part 40 Compliance Letter

This letter confirms your collection facilities compliance with DOT Regulation Part 40 of the FMSCR. By signature of this letter, you are attesting to the training and certification of your personnel and ensuring that your equipment and facility are in compliance with Part 40.

Compliance Safety Systems may require your company to submit personnel certifications for any drug and alcohol test collected at your facility. Please ensure that you have this documentation on file and that training requirements are met to ensure compliance with all DOT regulations.

Clinic Name: \_\_\_\_\_

Clinic Address: \_\_\_\_\_  
\_\_\_\_\_

Authorizing Individual Signature: \_\_\_\_\_

Authorizers Name (please print): \_\_\_\_\_

Date: \_\_\_\_\_

## Request for Taxpayer Identification Number and Certification

Give form to the  
requester. Do not  
send to the IRS.

Print or type  
See Specific Instructions on page 2.

Name (as shown on your income tax return)	
Business name, if different from above	
Check appropriate box: <input type="checkbox"/> Individual/ Sole proprietor <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Other ▶ .....	
<input type="checkbox"/> Exempt from backup withholding	
Address (number, street, and apt. or suite no.)	Requester's name and address (optional)
City, state, and ZIP code	
List account number(s) here (optional)	

### Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on Line 1 to avoid backup withholding. For individuals, this is your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

Social security number								
or								
Employer identification number								

**Note.** If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.

### Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and
3. I am a U.S. person (including a U.S. resident alien).

**Certification instructions.** You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the Certification, but you must provide your correct TIN. (See the instructions on page 4.)

<b>Sign Here</b>	Signature of U.S. person ▶	Date ▶
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### Purpose of Form

A person who is required to file an information return with the IRS, must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

**U.S. person.** Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
2. Certify that you are not subject to backup withholding, or
3. Claim exemption from backup withholding if you are a U.S. exempt payee.

In 3 above, if applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income.

**Note.** If a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

For federal tax purposes, you are considered a person if you are:

- An individual who is a citizen or resident of the United States,
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States, or
- Any estate (other than a foreign estate) or trust. See Regulations sections 301.7701-6(a) and 7(a) for additional information.

**Special rules for partnerships.** Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax on any foreign partners' share of income from such business. Further, in certain cases where a Form W-9 has not been received, a partnership is required to presume that a partner is a foreign person, and pay the withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid withholding on your share of partnership income.

The person who gives Form W-9 to the partnership for purposes of establishing its U.S. status and avoiding withholding on its allocable share of net income from the partnership conducting a trade or business in the United States is in the following cases:

- The U.S. owner of a disregarded entity and not the entity,