



Testing Volume and Exclusivity Information Request

Company Contact Information

Company Name _____

Testing Contact or DER _____

Phone(_____) _____ Fax (_____) _____

Email _____

Please Answer The Following Questions

1. Would we mainly be testing your employees in our office or mobile/onsite at your location?

VMS office Onsite/company's location

2. How many employees would you typically refer for 5 or 12 panel instant drug test per month?

0-5 6-10 11-20 21+

3. How many would you typically refer for breath alcohol or ETG instant urine alcohol test per month?

0-5 6-10 11-20 21+

4. How many employees would you typically refer for DOT or Non-DOT collection services per month?

0-5 6-10 11-20 21+

5. Are your DOT and Non-DOT collections billed to your company directly or to a consortium/third-party administrator such as Quest or Escreen?

Bill to company directly Bill to third party administrator

6. Do you currently use another drug testing or specimen collection facility?

Yes No If yes, which company _____ (not required)

7. Would you be using VMS Drug Testing exclusively for some or all of your testing needs?

Some instant tests All instant tests Some Dot/Non-DOT collections All collections

Please email completed form to renee@vmsdrugtesting.com or fax to 406-257-3264. You will receive a reply with additional information and available pricing.

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