

**SAFETY SENSITIVE/BRIDGE OPERATORS:**

Please complete and send a copy with any person being sent in for a drug or alcohol test.

Company name: MULTNOMAH COUNTY

Account #: 16764

Donor name (employee or prospective employee) Enter Employee Name Here / Last 4 of SSN  
(NAME) (Last 4 of SSN)

**REPORT with this letter and photo identification** (driver's license or other card with your picture and identification on it) to:

**BIO-MED approved collection site: (check one)**

☐ **Legacy Central Lab**  
1225 NE 2<sup>nd</sup> Avenue  
Portland, OR 97232  
Ph: 503-413-5000  
\*\*24 Hours\*\*

☐ **Gresham Urgent Care**  
2850 E. Powell Valley Road, #100  
Gresham, OR 97080  
Ph: 503-924-1388

*Call prior to going on Saturday/Sunday*

**Not for commercial drivers – Non-DOT testing only**

**Company: Please ✓ appropriate test**

☐ Pre-employment Drug and Breath Alcohol Test

☒ Random Drug

☐ Reasonable Cause Drug Test

☐ Return-to-Duty Drug Test

☐ Follow-up Drug Test

☐ Random Breath Alcohol Test

☐ Reasonable Cause Breath Alcohol Test

☐ Return-to-Duty Breath Alcohol Test

☐ Follow-up Breath Alcohol Test

**\*\* Collection Site → Use Legacy single specimen collection/ BIO-MED acct # 16764.**

Bill BIO-MED for the collection

***Immediately fax copy of CCF to Bio-Med at 503-315-8995***

**\*\* DONOR/EMPLOYEE \*\*** You must report immediately to the collection site upon receiving this letter to provide a urine sample for drug testing and a breath alcohol test; or it will be considered a refusal to test.

Donor Signature Acknowledging Receipt: \_\_\_\_\_

**\*\*SUPERVISOR\*\***

**Instructions:** Have the employee sign above acknowledging receipt of this letter, initial below indicating the time and date the employee received the letter, and then send a copy to Labor Relations/Drug and Alcohol Policy Coordinator MC 503/3. A copy should also be provided to the employee.

Supervisor Signature: \_\_\_\_\_ Date/Time Donor received letter: \_\_\_\_\_ / \_\_\_\_\_ AM/PM  
(Date) (Time)