

3678 North Peachtree Rd Atlanta, GA 30341 P 770-680-4438 F 888-816-1380 neatlanta@fastestlabs.com www.fastestlabs.com/ne-atlanta

Conta	act Name:			Title:		
Phon	e:	Fax:	E-mail:			
Comp	pany Name (Buyer):					
Addr	ress:					
City:		State: 2	Zip:			
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regarding c	<u>irug tesung, with lac</u>	oratory commination	1 101 411 11011-1	negany	ve results, as directed by the B	uyer.
2. Fastest Lab	os of NE Atlanta will	l conduct collections	at the Fastes	t Labs	of NE Atlanta location or on-	site.
			OT 1/ D	O.T.		
3. Fastest Lat collectors.	os of NE Atlanta will	l provide full Non-D	OT and/or Do	O.I. coi	mpliant collections by trained	certified
confectors.						
4. Fastest Lab	os of NE Atlanta will	l apply the appropria	te fees as set	forth b	pelow.	
5 D	CATELACI		C .		6 1 1	,
					mpany for each test administe ide a specimen that has been to	
				-	ances; your company will be c	_
			_		subsequent collection(s)/test(s)	_
C. Fasta et l	CNIE Ad-us ·T	l (C			J
					are rendered. Invoice amounts ed, Buyer agrees to pay the co	
	• •				Services to be interpreted unde	
		•	•		reement to continue until such	_

This agreement for services was made on _______, between (Seller) Fastest Labs of NE Atlanta, a company organized and existing under the laws of the State of Georgia, with its principal office located at 3678 North Peachtree Rd. Suite 102, Atlanta, GA 30341 and (Buyer) _______, with its principal office located at the address set forth above. If you are an employer in need of a drug and alcohol testing program and contract to utilize the Addendum Fastest Labs of NE Atlanta DOT Drug and Alcohol Testing Program Conditions of Service and/or the Addendum Fastest Labs of NE Atlanta NON-DOT Drug and Alcohol Testing Program Conditions of Service, these documents are also considered a part of this agreement and incorporated fully by reference.

terminated in writing by either party on 30 day written notice.

TESTING OPTIONS

Below common tests. Other test available upon request (MRO = Medical Review Officer, DOT = Department of Transportation)

INSTANT URINALYSIS DRUG SCREEN		
5 Panel Rapid Drug Screen	\$45	
10 Panel Rapid Drug Screen	\$47	
12 Panel Rapid Drug Screen	\$49	
Confirmation Lab Test w/ MRO Report for Non-Negative Rapid Test	\$50	

LABORATORY URINALYSIS DRUG SCREEN		
5 Panel w/ MRO Report (DOT or Non-DOT)	\$65	
10 Panel w/ MRO Report	\$ 75	
12 Panel w/ MRO Report	\$79	

HAIR FOLLICLE DRUG SCREEN	
5 Panel Drug Screen	\$90
5 Panel Drug Screen with extended opiates	\$110

OTHER SERVICES		
Breath Alcohol Test (DOT or Non-DOT)	\$45	
Observed Collection	\$20	
Drug & Alcohol Policy Handbook Development	\$250	
Annual Drug and Alcohol Program (pro-rated by quarter, \$50 one-time set up fee)		
Onsite Collection (Minimum of 15 Donors)*	\$90/hr	
After Hours Collection (Minimum 3 hours)*	\$130/hr	

^{*}Time starts when the certified collector begins commute to the collection site and back. Plus round trip mileage at \$.55/mile.

The above quoted fees will be honored for 90 days after the date stated above.

DESIGNATED EMPLOYEE REPRESENTATIVES (DER)

Primary DER Name:	Phone:	
Secondary DER Name:	Phone:	
Report Test Results (er	nail):	
	PAYMENT	
Name on Card:		
Card Type:		
First 4 digits of Card: (we will call for the rest of the number)		
Exp. Date:		
Street Number of Billing Address:		
Zip Code:		
Card Security Code:		
American Express – 4 numbers All other cards – 3 numbers on	s to the top right of card number, on front of card. n the back, right of card.	
* Seller will provide invoice for collection/testing fee pay for services by a credit card.	es when services are rendered and a receipt of credit card charges. Buyer agrees	to
	AGREEMENT	
	e the work force is a company's most valuable asset and we can provide nteeism, theft and accidents due to substance abuse.	
Thank you for choosing us as your drug testing	provider.	
The parties agree that this constitutes the entire either oral or otherwise regarding any matter sta	agreement between the parties and there are no further items or provisionated heretofore.	ns,
☐ I agree with the terms. Buyer Representative Name:		