



Facility Name: _____
(Please provide complete legal name)

Facility Address: _____

Telephone Number: _____ Fax Number: _____

Facility Website: _____ Facility email: _____

Primary Contact: _____

Email: _____ Phone: _____

Alternate Contact: _____

Email: _____ Phone: _____

Facility Hours of Operation: _____

Services provided, please mark all services provided by your collection site and list pricing per service:

- Non-DOT Collections _____
- DOT Collections _____
- Hair Collections _____
- Blood Collections _____
- Direct observe (Y/N)
- Walk-in Services (Y/N) _____
- Appointment Services _____

Additional Information you would like us to know: _____

Submitted by: _____ Signature: _____