



New Account Set up Form  
P.O. Box 1029 Olmito, Texas 78575 Ph: (956) 982-1001

**Company Information:**

Tax Id# (required) \_\_\_\_\_  
Company Name: \_\_\_\_\_  
Company Physical Address: \_\_\_\_\_  
City, State, Zip code: \_\_\_\_\_  
Telephone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_  
Company Email: \_\_\_\_\_ Company Website: \_\_\_\_\_  
What type of company is this? \_\_\_\_\_  
Number of employees: \_\_\_\_\_ Number of Locations: \_\_\_\_\_

**Billing Information:**

Billing Address: \_\_\_\_\_  
City, State, Zip code: \_\_\_\_\_  
Billing Contact Person: \_\_\_\_\_  
Billing Contact Phone Number: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_  
Monthly Statement Delivery preference: (please check one)  
 Fax: ( ) \_ - \_\_\_\_\_  Email: \_\_\_\_\_  Mail

**Designated Employee Representative (DER) Information:**

DER Name: \_\_\_\_\_  
(Person who can receive drug screen results)  
DER Phone: \_\_\_\_\_ Email: \_\_\_\_\_  
Authorized Person: \_\_\_\_\_  
(Person who will be signing the authorization form)

**TPA information:**

Does your company have a Third Party Administrator (TPA)  Yes  No  
If yes, please specify the name of company: \_\_\_\_\_  
(Please attach copy of Chain of Custody form and/or Protocol)

**Workman's compensation information (Optional):**

Is a drug screen required after a work injury:  Yes  No if yes, please  
Specify what drug test you will need: \_\_\_\_\_  
Workman's Compensation Insurance  Yes  No Insurance Name: \_  
Policy Number: \_\_\_\_\_ Telephone Number: \_\_\_\_\_  
Workman's Compensation Address: \_  
City, State, Zip code: \_\_\_\_\_

**Information for releasing results:**

Name of company representative receiving results: \_\_\_\_\_

Please choose one of the following:

Fax Results to\_  Email Results to\_

Mail originals to the following address: \_\_\_\_\_

City, State, Zip code: \_\_\_\_\_

**\*\*Typically negative send out drug screen results have a 48 hour turnaround time during regular business days, but may take up to 5 business days.\*\***

**Additional Comments:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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**Locations and Hours of Operation**

3302 Boca Chica Brownsville, TX 78521 Tel (956) 982-1001 Fax (956) 982-1938 Mon.-Fri. 8am-10pm Sat. 9am-10pm Sun. 5pm-10pm	1755 W Price Rd Brownsville, TX 78520 Tel (956) 546-1000 Fax (956) 504-9808 Mon.-Fri. 8am-10pm Sat. 9am-5pm Sun. 12pm-5pm	1214 Dixieland Rd Ste 8 Harlingen, TX 78550 Tel (956) 423-7000 Fax (956) 440-8934 Mon.-Fri. 8am-8pm Sat. 9am-2pm Sun. Closed	305 E Expressway 83 Mission, TX 78572 Tel (956) 585-7401 Fax (956) 580-4317 Mon.-Fri. 8am-8pm Sat. 9am-2pm Sun. Closed	5502 N San Bernardo Ste 600 Laredo, TX 78041 Tel (956) 728-9979 Fax (956) 728-9980 Mon.-Fri. 8am-9pm Sat. 10am-6pm Sun.12pm-5pm
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**Company representative filling out this form:**

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

**Fax completed form to (956) 550-9393 or email to [mgarza@vdnclinic.com](mailto:mgarza@vdnclinic.com)**

**To better serve our clients, VDNC recommends the following listed suggestions:**

- **Fill out and send VDNC Authorization Form with employee and check off appropriate services requested**
- **Send DWC074 (Job Description) and Injury report with all new injuries**
- **Have VDNC forms readily available for Supervisors/ Managers/ and (or) Foremen to fill out and send with employee to nearest VDNC location.**
- **Contact your Corporate Marketing Liaisons for questions or concerns**

Please check off services of interest to your company on page 3 & 4. If the service that you are interested in does not appear in the following page, please contact your marketing liaison.

# Services List

√	Blood Draws/ Lab Procedure	Description
	<b>Blood Collection</b>	Specimen collection
	<b>CBC</b>	
	<b>Chemistry Panel Chem 7</b>	
	<b>Comprehensive Metabolic Panel</b>	
	<b>Glucose - Finger Stick</b>	
	<b>Hepatitis B Antibody</b> Hep B IGG Hep B IGM CORE	See Antibody description of service below for choosing appropriate service. Lab send out.
	<b>Hepatitis C Antibody</b>	Lab send out. See key definition below.
	<b>HIV- Testing</b>	Lab send out.
	<b>Lead Level</b>	Lab send out.
	<b>Lipid Panel</b>	Included LDL/ HDL and Triglycerides
	<b>Measles IGG</b>	Lab send out.
	<b>Measles IGG &amp; IGM</b>	Lab send out.
	<b>MMR (Measles/ Mumps/ Rubella) Titers</b> Measles IGG or IGG & IGM Mumps IGG or IGG & IGM Rubella IGG or IGG & IGM	Lab send out.
	<b>Prostate Specific Antigen (PSA)</b>	Lab send out.
	<b>Urinalysis</b>	
	<b>Urine Micro</b>	
	<b>Varicella IGG</b>	Lab send out.
	<b>Varicella IGG &amp; IGM</b>	Lab send out.
	<b>Zinc</b>	Lab send out.
	<b>DOT &amp; Non-DOT Services</b>	<b>Description</b>
	<b>10 panel quick drug screen</b>	
	<b>5 panel quick drug screen</b>	
	<b>DOT &amp; NON DOT Breath Alcohol Test</b>	Includes Confirmation
	<b>DOT Drug Screen</b>	VD&NC Clinic Chain
	<b>DOT Physical</b>	Includes hearing/vision/urinalysis
	<b>Hair Drug Screen Test</b>	VD&NC Clinic Chain
	<b>Hair Follicle Drug Screen Collection</b>	Collection Only
	<b>NON DOT / DOT Drug Screen Collection only</b>	Collection Only
	<b>NON DOT 10 Panel send out drug screen</b>	VD&NC Clinic Chain
	<b>NON DOT 5 panel send out drug screen-LabCorp</b>	VD&NC Clinic Chain
	<b>NON DOT 9 panel send out drug screen + UAL</b>	Includes urine alcohol level
	<b>NON DOT Physical (upon company request)</b>	Includes hearing/vision/urinalysis
	<b>Physical Exams (DOT/ Non-DOT services not included)</b>	<b>Description</b>
	<b>Asbestos Physical</b>	Includes Physician's Written Statement
	<b>Coast Guard Physical Exam</b>	Does <u>not</u> include Drug Screen
	<b>FCE - Functional Capacity Evaluation</b>	
	<b>Fit For Duty Exam</b>	Include specific requirements requested
	<b>Graduated Lift Test</b>	Include specific requirements requested
	<b>Grip Test</b>	Include specific requirements requested
	<b>Hazard Material Physical (Hazmat)</b>	Include specific requirements requested
	<b>HPE - Human Performance Evaluation</b>	Include specific requirements requested
	<b>Kraus Webber Back form</b>	Include specific requirements requested
	<b>Medical Questionnaire- OSHA Questionnaire</b>	
	<b>Respiratory Clearance Exam</b>	Include specific requirements requested
	<b>Return to Work Exam</b>	Include specific requirements requested

	Sports Physical	
	Taxi Physical	
	<b>Radiology/ EKG/ Respiratory</b>	<b>Description</b>
	Chest X-ray	
	Chest X-Ray - Asbestos Exposure	
	EKG	Includes interpretation Modified
	Lumbar Xray 2 views	
	Pulmonary Function Test	
	Respirator Fit Test ( 3M Masks only ) ***ONLY IN BOCA CHICA, MISSION & LAREDO***	6000 series 6900 Full Face Mask (Large ) 6800 Full Face Mask ( Medium )
	TB R/O Chest X-ray	
	<b>Vaccinations</b>	<b>Description</b>
	Hep A & Hep B Vaccine Combo - Twinrix	3 dose series
	Hepatitis A Vaccine	3 dose series
	Hepatitis B Vaccines Adults	3 dose series
	Influenza Vaccine (FLU)	
	Meningococcal Vaccine Adult	
	MMR Vaccine - Measles/ Mumps/ Rubella	
	TB Skin Test	
	TDAP Booster	Prevents Tetanus/ Diphtheria/ Pertussis
	Tetanus Vaccine TD	Tetanus and Diphtheria vaccine
	Varicella Vaccine	
	<b>Vision/ Hearing Services</b>	<b>Description</b>
	Hearing(Audio)	
	Vision - Snellen Chart	
	Vision- Depth Perception	
	Vision-Ishihara (color blind test)	
	Vision- Titmus	
	<b>Miscellaneous Fees</b>	<b>Description</b>
	<b>After Hours Fee for Drug Screen, Drug Screen Collection and Bat</b> -Test are preformed at a Valley Day and Night Clinic Facility <b>After Hours Fee per visit/Per Employee/Per Co</b>	Upon request by company representative Fee applies to each and every individual being tested and for each date of service. Additional fee for services preformed.
	<b>On Site Fee/Per Visit/ Extended Hours-</b> Applies for services done during VDNC extended hours	Upon request by company representative. Additional fee for services preformed.
	<b>On-Site Fee/Per visit-</b> Applies for services request during normal businesses hours Mon-Friday 8-5.	Upon request by company representative. Additional fee for services preformed.
	<b>Random Drug Test Selection-Program Fee</b>	Annually
	<b>Reasonable Suspicion Training/Orientation</b>	Per each employee
	<b>Refusal Fee</b> <b>\$20</b>	If at any point after services initiated employee/ donor refuses any part of exam or service, refusal fee will apply

\*IGG Antibody detects previous exposure or immunization while IGM detects active illness. Please indicate which test preferred.

\*\*Send out lab- Results typically take up to 5 business days

\*\*\* Result release time may vary by test/ procedure. Typically negative send out drug screens have a 48 hour turnaround time during regular business days, but may take up to 5 business days.

Please indicate any other tests/ services on the comment portion on page 3 of Account Set Forms.