

How to Complete a Blood Drug / Alcohol Collection in FormFox





Blood Drug /Alcohol orders may be completed on a PC or iPad

If you don't have a barcode scanner, you will carefully key in the authorization barcodes and Specimen IDs when prompted.

If the order includes additional services (i.e., Non-DOT Urine, non-DOT Physicals), please continue to complete those services as you normally would.

Blood Drug / Alcohol Collection Supplies



- (2) Purple top blood collection tubes
- Specimen bag with absorbent pad
- Non-alcohol prep pad
- FormFox label sheet
- General blood collection supplies
- Small specimen return box
- Small Clinical mailer bag
- Pre-printed shipping label



Experiencing issues? Please contact our support team at 877-376-3691.

Collections will be pre-ordered.
Always ask the patient if they have an authorization form.

DONOR INFORMATION

FRED T. FOX
SSN: EmpID: ****JOPZ

YOUR SITE IS:

ABC Clinic
123 Demo St.
SLC, UT 84101
801-461-9627

INSTRUCTIONS:

- CALL the site to confirm hours and if an appointment is needed at 801-461-9627
- BRING THIS FORM and a VALID PHOTO ID to the site.
- Your visit must be completed before 7:00AM on August 16, 2025 EDT Eastern Standard Time

EXAMPLE

CLINIC INFORMATION

INSTRUCTIONS:

You must enter/scan the authorization number above and complete the services below in FormFox to be automatically paid for these Marketplace services.

GUARANTOR/RESPONSIBLE PARTY: CRL/FormFox Marketplace

Do not invoice the client/TPA for these Marketplace services.

SERVICES TO PROVIDE:	REASON FOR TEST:	ACCOUNT #:
Non-DOT Urine	Pre-Employment Urine	TEST.CMKT.REF1
Non-DOT Physical	Pre-Employment	TEST.CMKT.REF1
(116P) Blood Peth, Screen	Pre-Employment	RT7.PAPR

Do not write in services below.

EMPLOYER:

Test Company
110 Wall St.
New York, NY 1005

DER:

XYZ DER
877-376-3691

Please take note of the **BILLING** section. Authorization forms that have the Market Place logo will automatically be paid by FormFox as long as you complete the services in FormFox. You do not need to send an invoice for these collections.

All ordered services will be listed in this section. For clinical and blood drug / alcohol collections, you will not see the tube types listed on this form. The tubes needed for the order will be presented in the FormFox workflow when you launch the test event on your PC or iPad.

If the donor doesn't have their authorization form with them, check your **Pending List**. If you cannot locate the test on this page, **PLEASE CALL ☎ (877) 376-3691 Option 1**.

Home

Pending List

Open Events (30)

Complete/Search

FMCSA Report

Billing

PENDING LIST

This list shows pending tests for the site you are logged into. FILTER the list by status using the 'Filter by' drop down menu. SORT the list by clicking on any of the column headers. START a collection by clicking the donor's name.

Filter by All Tests

Search pending events for the site you are logged into by donor or account using the drop down menu below.

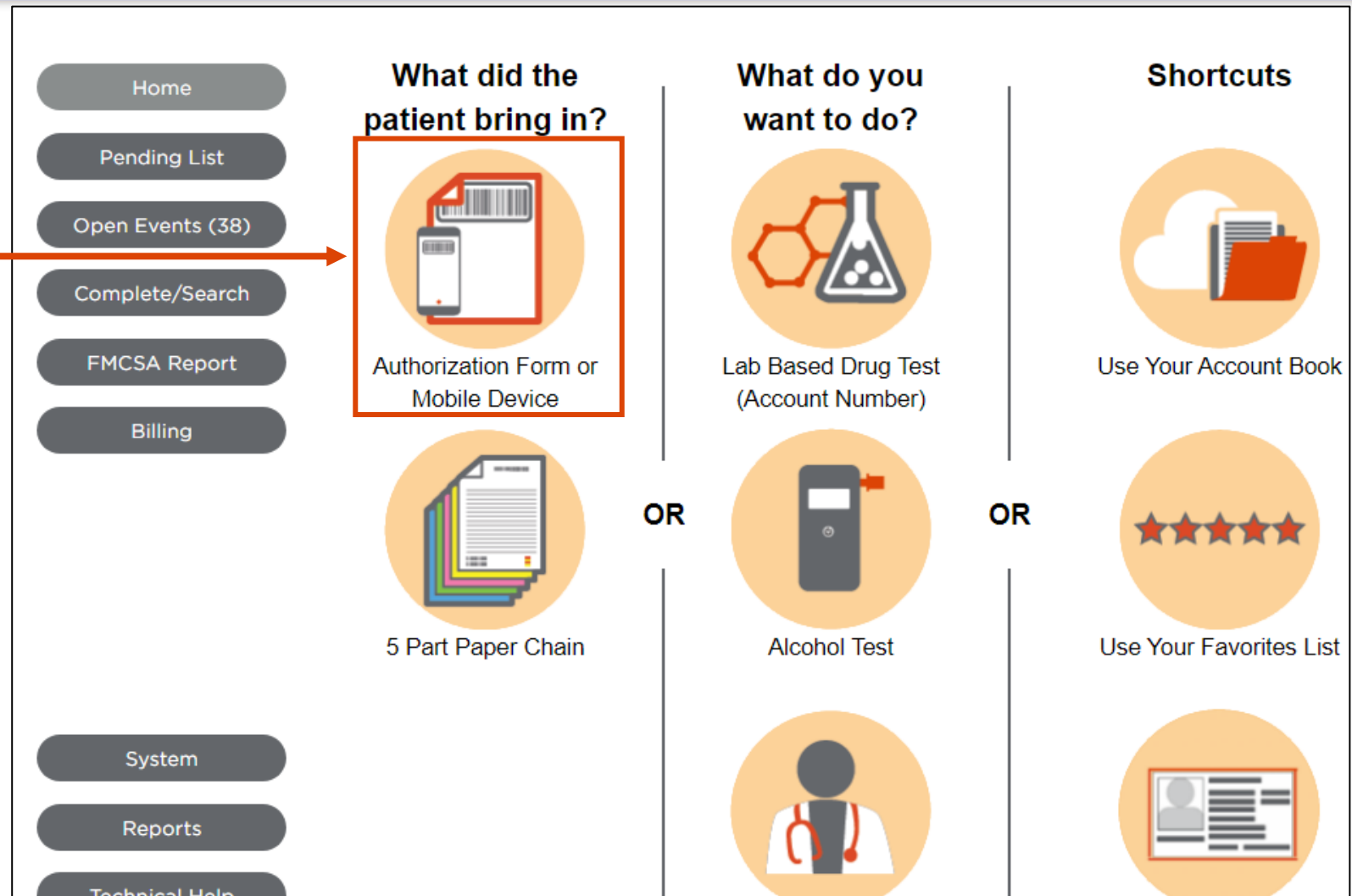
Search where Donor ID Equal to Search

FF Marketplace	Type	Authorization #	Donor ID	Donor Name	Scheduled Date/Time	Account #	Account Name	DotTest	Status	
	DRG	59305765	2546	Bosman, Jeff		TEST.CMKT.REF1			Scheduled	Delete
	DRG	59481267	7101	Apol, Chad		TEST.CMKT.REF1			Pending	Delete
	ALC	59481267	7101	Apol, Chad		TEST.CMKT.REF1			Scheduled	Delete
	DRG	60402280	5667	Booth, Doug		RT7.PAPR			Scheduled	Delete

If you need additional information about the Pending List, view the video tutorial [here](#).

Blood Drug / Alcohol Workflow

Begin a Blood Drug / Alcohol order by clicking on the **Authorization Form or Mobile Device** icon.



Blood Drug / Alcohol Workflow

Scan/key in the authorization barcode. The ordered events will appear in the grid. A pop-up message will let you know if there are multiple pending events for the donor. Please do not dismiss the donor until all ordered events have been completed.

This document will begin with the Blood Drug / Alcohol workflow. If you need assistance with other collections, review the documentation in the FormFox Training Center.

[Home](#)
[Pending List](#)
[Open Events \(38\)](#)
[Complete/Search](#)

Locate Donor Test

If the Donor has an Authorization form, please Scan or Enter

Authorization barcode [Search](#)

The following scheduled tests matched your search criteria. Please click on the Donor Name for the test you want to perform.

Type	Donor Name	Donor ID	Scheduled	Status	Account #	Company	Address	City	State
CLN	john devine	****9MPD		Pending	TEST.CMKT.REF1				
CLN	john devine	****9MPD		Pending	TEST.CMKT.REF1				
CLN	john devine	****9MPD		Pending	TEST.CMKT.REF1				
DRG	John Q Test	****678P		Scheduled	PT7.PAPR				

If the Donor ONLY has an Account Number, please click the 'Generate CCF using account number' button

[Generate CCF using account number](#)

Click on the test (DRG) to open/complete the Blood Drug / Alcohol workflow.

Blood Drug / Alcohol Workflow

At the beginning of the workflow, donors will be asked to accept or decline the terms of the **Notice, Consent, and Release for Testing**.

formfox PATIENT NOTICE AND CONSENT

NOTICE, CONSENT, AND RELEASE FOR TESTING I request and authorize Clinical Reference Laboratory, Inc. ("CRL") to disclose my laboratory test results and related information for testing to the person or entity (or its respective designee) arranging this testing.

I voluntarily consent to testing and laboratory analysis by CRL. Any sample I submit is my own, has been submitted in accordance with the instructions provided to me, and has not been altered by me. Any results I receive are for informational purposes only and do not constitute a medical diagnosis. It is my sole responsibility to seek and obtain medical and other advice relating to this testing and any results I receive.

CRL will protect the confidentiality of my test results and related information in accordance with applicable law. My results and related information and my specimen may be used by CRL on an aggregated or de-identified basis for the purpose of benchmarking, research, and statistical analysis.

If the specimen collection includes a blood draw or fingerstick, I understand that there are possible risks associated with this, including infection, discomfort, and bruising. I understand these risks may not be all-inclusive and that other more remote risks may be involved. However, this notice is sufficient for me to consent to and authorize the collection of a blood specimen by blood draw or fingerstick.

I understand that this testing is voluntary.

To the fullest extent permitted by law, I release and forever discharge CRL and the person or entity arranging this testing from liability relating to the collection, testing, and reporting of information described herein.

I am at least 18 years of age or the legal guardian of the donor with authority to consent on their behalf. By clicking "I Accept" below, I am agreeing to all of the terms of this Notice, Consent, and Release for Testing. If I do not agree with any of these terms, I will not click "I Accept," and will not be able to receive these testing services.

Donor Accepts **Donor Declines**

BLOODPETH

Account Number: FZS.MRMS.MIHPRP

Information

Specimen Collection

Summary

Print and Ship

Step 1: Patient Information Blood

* First Name	M.I.	* Last Name	* DOB	* Age	Gender
<input type="text" value="John"/>	<input type="text" value="Q"/>	<input type="text" value="Test"/>	<input type="text" value="01/01/1990"/>	<input type="text" value="34"/>	<input type="text" value=""/>
* Address	* City	* State	* Zip	* Phone	
<input type="text"/>	<input type="text"/>	<input type="text" value=""/>	<input type="text"/>	<input type="text"/>	

Step 2: Supplies Needed

Print list

The supplies needed for these procedures:

- Purple Top
- Adhesive Bandage
- Non-Alcohol Prep Pad
- Gauze Pad
- Latex Free Tourniquet
- Latex/ Powder Free Gloves
- Needle Holder
- Safety Needle
- 1 FormFox label sheet(s)

Please note Blood Drug / Alcohol collections require the use of a Non-Alcohol Prep Pad (included in test kit).

Suspend

Next

Specimen Collection

BLOODPETH

Information

Specimen Collection

Summary

Print and Ship

For this collection, two Purple top tubes are included in the kit. Make sure to collect and send **BOTH TUBES**.

Step 3 PERFORM COLLECTIONS



Use these labels and place letter over center of Tube top.



BLOOD DRAW

Purple Top

Wash hands thoroughly before beginning any phlebotomy procedure. Be sure to check expiration dates on tubes before proceeding. DO NOT USE EXPIRED TUBES.

Collection: Lavender top (EDTA) tube (hematology testing)

- Mix tube thoroughly by gentle inversions eight (8) to ten (10) times immediately after blood is collected to prevent clotting.
- Avoid vigorous shaking to avoid hemolysis of cells.
- Do not centrifuge or transfer.
- Testing may not be able to be completed on tubes containing less than one (1) ml of blood.

Scan or enter barcode

Unable to Draw

Submit



Tube Instructions



Scan the barcode or key in the number on the **A and B Blood Drug / Alcohol Seals.**

Back

Suspend

Specimen Collection

BLOODPETH

Account Number: FZS.MRMS.MIHPRP

Information

Specimen Collection

Summary

Print and Ship

Step 3 PERFORM COLLECTIONS



Use these labels and place letter over center of Tube top.



Use both **A and B Blood Drug / Alcohol Seals**. One must go over the top of each sample tube, with the letter centered over the tube top. Have donor date and initial both seals.

Back

Suspend

Specimen Collection

Click on **Submit** to move onto the next step.

If **Unable to Complete Draw** is clicked, you will see the **close/cancel** window. Selecting **Yes** in this window will end/close the workflow.

Scan or enter barcode

CC18795050


Unable to Draw **Submit** ☒

Tube Instructions

close / cancel ☐

Selecting this option will close / cancel the event.
Do you wish to Continue?

No **Yes**

An orange arrow points from the 'Unable to Draw' button to the 'close / cancel' dialog box.

Summary

BLOODPETH

Information Specimen Collection **Summary** Print and Ship

Step 4 Clinical Specimen Collection Summary

Review Summary

BLOOD DRAW

Purple Top

CC18795050

The **Summary** tab is where you can review the specimen IDs entered, confirm that all information is accurate, and collect signatures.

Donor information

Name: John Test
Date Of Birth: 1/1/1990
ID: SSN 123456789
Phone:

Employer information

Test information

Reason for test:
Testing Authority:
Test panel: (116P) BLOOD PETH, SCREEN
Remarks:

CollectorSignature

Donor Certification Statement and Signature

Please confirm that all information is accurate, then click "Submit"

Back

Submit



Summary

BLOODPETH

Account Number: FZS.MRMS.MIHPRP

Information Specimen Collection **Summary** Print and Ship

Step 4 Clinical Specimen Collection Summary

Review Summary

BLOOD DRAW

Purple Top

CC18795050

Donor information

Name: John Test
Date Of Birth: 1/1/1990
ID: SSN 123456789
Phone:

Collect signatures for both the donor and collector. Press **Submit** to continue.

Test information

Reason for test:
Testing Authority:
Test panel: (116P) BLOOD PETH, SCREEN
Remarks:

CollectorSignature



Collector

Donor Certification Statement and Signature



Donor

Please confirm that all information is accurate, then click "Submit"

Back

Submit



Specimen Packaging and Shipping

BLOODPETH

Information Specimen Collection Summary **Print and Ship**

*** Select Courier**

Please specify the courier that will be used to transport the specimen(s) to the laboratory
If selecting 'Other' enter the name of the Courier

FED-Ex

▼

*** Custody and Control Form**

☒ Copy 1 Lab Copy

☐ The Blood Alcohol Collection Instructions ☐ Copy 3 Collector Copy

☐ Copy 4 Employer Copy

Additional Copies

☐ Copy 2 MRO Copy (FormFox will auto-fax Copy 2 to MRO.)

Select Donor Copy Delivery Options (Select all that apply).

Donor Copy ☐ Print ☐ Email ☐ Text Message

PRINT

Print the CCF and follow the Specimen Packaging and Shipping Instructions. See the next 2 slides for photos.

Specimen Packaging and Shipping

- Place the following in the biohazard bag: Specimen in small pouch with absorbent pad. Place the CCF in large pouch without absorbent pad.
- Place biohazard bag in box and close.
- Place boxed specimen in Fedex Clinical Pak seal Clinical Pak and place Fedex shipping label in designated spot on the Pak.
- Refrigerate specimen until courier pick-up.

After specimen is packaged with the CCF click "Finish" below to complete the blood draw.

BILLING INFORMATION

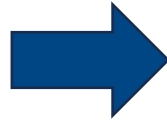
Back

Finish

(FormFox will auto-fax Copy 2 to MRO.)

Specimen Packaging and Shipping

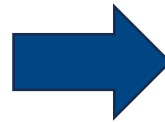
Place both purple top tubes in the small pouch with the absorbent pad. Place the CCF in the large pouch without the absorbent pad.



Close and seal the bag. Place the biohazard bag with tubes into the enclosed CRL box.

Specimen Packaging and Shipping

Place the box into the enclosed FedEx Clinical Pak and attach the pre-printed shipping label.



REMINDER: All Marketplace orders will be paid by FormFox as long as you complete the test events in FormFox.

Events will appear in the **Services Paid for by FormFox Marketplace** section of your **Billing** page.

A review of the FormFox Billing module is available [here](#).

If you have Marketplace Billing questions, please email marketplaceadmin@formfox.com with the specimen ID.



Simple. Secure. Fast.

User:

Site: CRL/FF Test Clinic Only- DO NOT USE

Log Out

Home

Pending List

Open Events (18)

Complete/Search

FMCSA Report

Billing

Services Paid for by FormFox Marketplace

Quest Preferred Collections

Services I am Responsible to bill

Services Paid for by FormFox Marketplace

Search Date Collected Range: From 07/30/2024 To 08/29/2024 Search

Donor ID	Donor Name	Date Collected	Account#	Sample ID	Document ID
****9MPD	devine, john	3/04/2022	TEST.CMKT.REF1	CC08040305	
****9MPD	devine, john	3/04/2022	TEST.CMKT.REF1	CC08040305	
****9MPD	devine, john	3/04/2022	TEST.CMKT.REF1	CC08040305	

MARKETPLACE MESSAGE BOARD

There are no new messages at this time.



If you need assistance with the Blood Drug / Alcohol workflow process:

877-376-3691 Option 2

training@formfox.com

If you have **Marketplace Billing** questions,
please email the Specimen ID of the test event to

marketplacebilling@formfox.com