



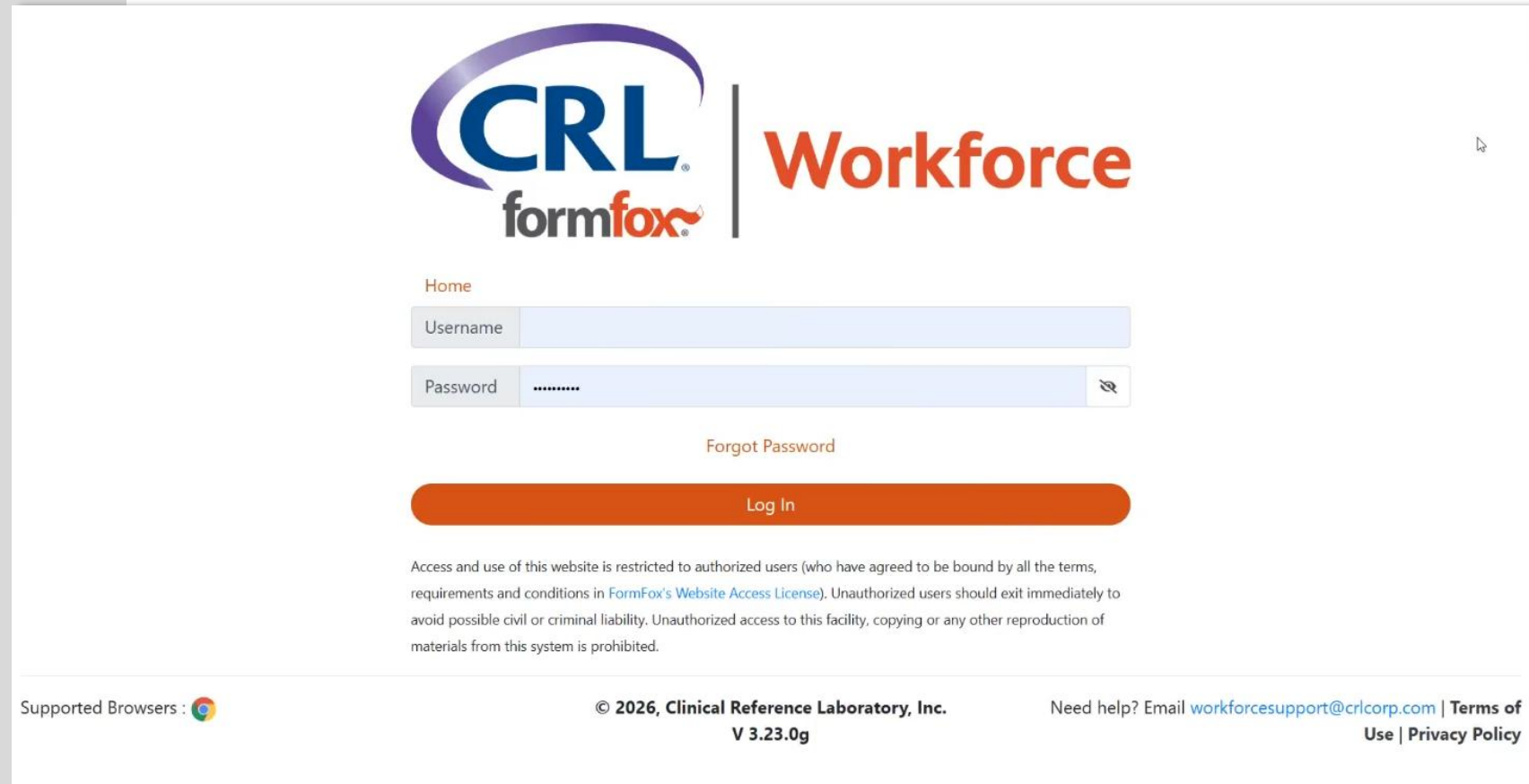
**Workforce**

# Placing Orders in Workforce

# Welcome to Workforce!

This training document will illustrate how to use Place Orders in Workforce. We will cover:

- [Starting an Order](#)
- [Adding Services](#)
- [Donor Self Schedule](#)
- [Clinic Selection while Ordering](#)
- [Sending Authorization Form](#)
- [Authorization Form Layout](#)



The screenshot shows the login interface for the CRL formfox Workforce system. At the top, the CRL formfox logo is on the left, and the word "Workforce" is on the right in a large, bold, orange font. Below the logo, there is a "Home" link. The login form consists of two input fields: "Username" and "Password". The password field is masked with dots and has a small icon on the right. Below the password field is a "Forgot Password" link. A large orange "Log In" button is centered below the form. At the bottom of the page, there is a footer with three sections: "Supported Browsers" with a Chrome icon, "© 2026, Clinical Reference Laboratory, Inc. V 3.23.0g", and "Need help? Email [workforcesupport@crlcorp.com](mailto:workforcesupport@crlcorp.com) | [Terms of Use](#) | [Privacy Policy](#)".

# Order Tab

After logging in to the Workforce portal, you will see the results grid.

To begin placing orders, click on the Order tab at the top of the page.

The screenshot shows the CRL Workforce portal interface. At the top, the logo for CRL formfox Workforce is visible. A navigation bar contains several tabs: Home, Result Exceptions, Randomization, Portals, Order (highlighted with an orange box), Site Search, Results, Reports, and Administration. On the right side of the navigation bar, it says 'CRL Image Test Portal' and 'Account'. Below the navigation bar, there is a search area with a 'Show Archived Orders' checkbox, a search input field, and buttons for 'WATCH', 'RESOLVE', 'CUSTOMIZE', 'EXPORT CSV', and 'CLEAR FILTERS'. The main content area is a table with the following columns: WATCH, ID NUMBER, NAME, LAB ACCOUNT, SAMPLE RESULT, eDocs, SAMPLE ID, and SERVICE. The table contains five rows of data. At the bottom of the table, it says 'Total records: 157' and a pagination control with buttons for 'First', 'Previous', '1', '2', '3', 'Next', and 'Last'.

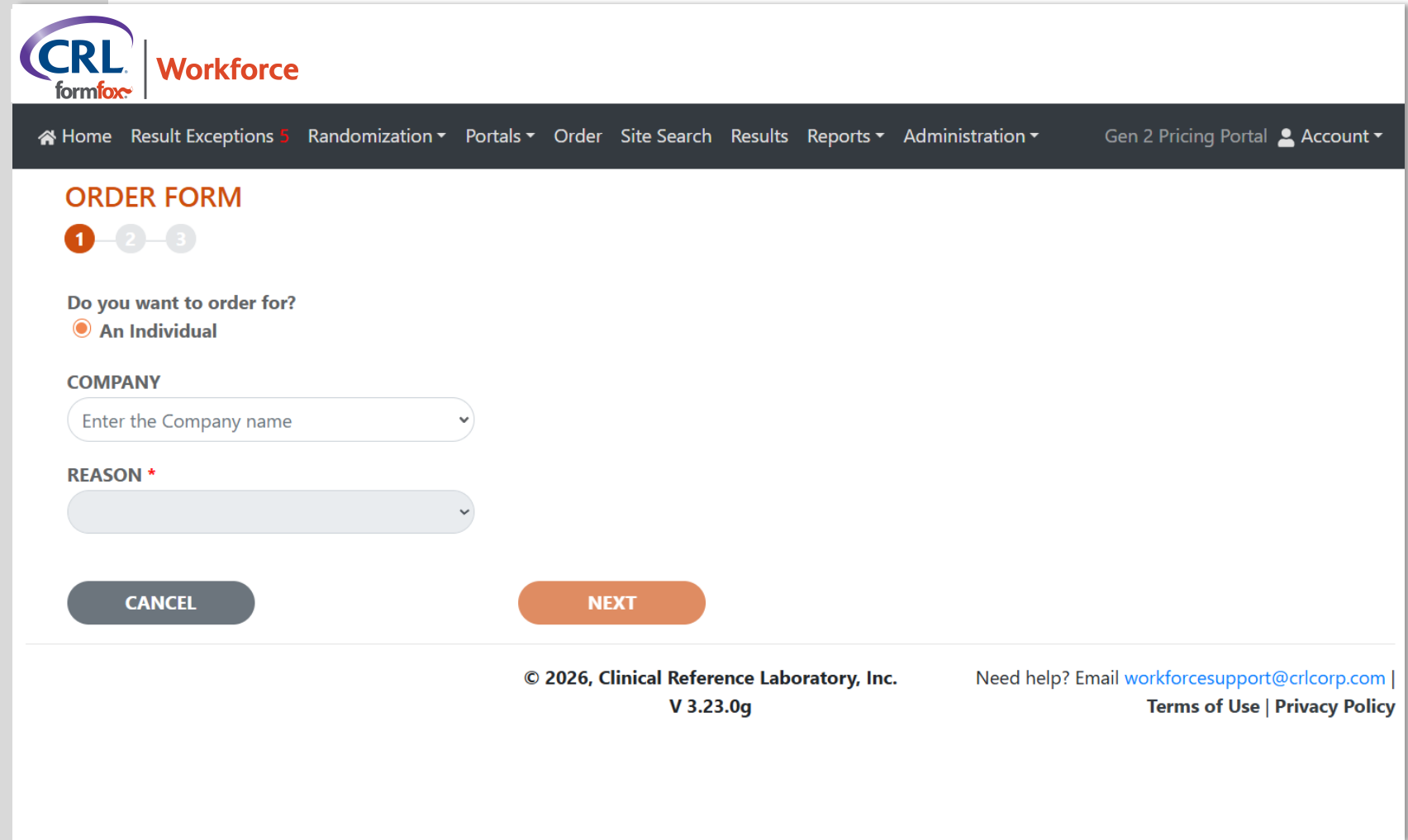
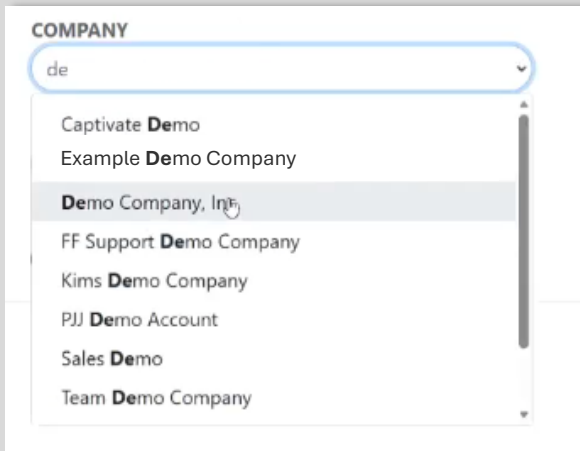
WATCH	ID NUMBER	NAME	LAB ACCOUNT	SAMPLE RESULT	eDocs	SAMPLE ID	SERVICE
<input type="checkbox"/>	*****8888 SSN	Benson, Barry	T0C.NUAT.REF1	Negative		CC11440002	<a href="#">Lab Ba</a>
<input type="checkbox"/>	*****7777 SSN	Carter, Thomas	T0C.NUAT.REF1	Negative		CC11440001	<a href="#">Lab Ba</a>
<input type="checkbox"/>	*****TC83 SSN	Sanchez, Juanita	T0C.CUAT.CNRGALL	Complete		6021203490	<a href="#">Clinica</a>
<input type="checkbox"/>	*****3366 SSN	Long, Sally	CRL.FFOX.NONTEST	Positive Dilute		CC11222211	<a href="#">Lab Ba</a>
<input type="checkbox"/>	*****4440 SSN	Cleves, Anne	T0C.CUAT.REF1			CC44877844	<a href="#">Lab Ba</a>

# Add Company

If you are a user who has access to placing orders, you will see an Order Form.

Begin by entering the company name and reason for reason for the order.

The company name will pre-populate from the list of companies set up in the portal.



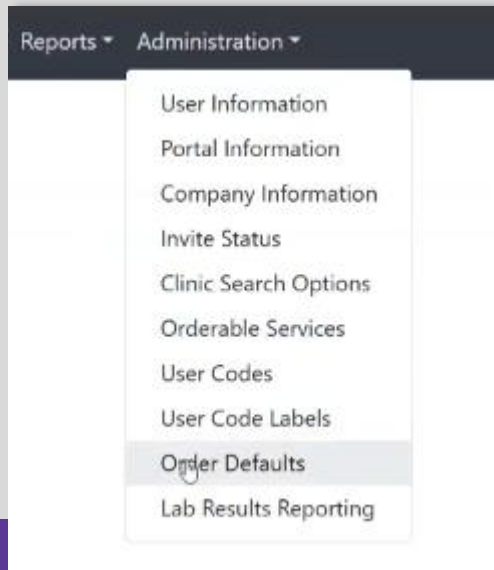
The screenshot shows the "ORDER FORM" interface for CRL Workforce. The header includes the CRL formfox logo and the text "Workforce". A navigation bar contains links for Home, Result Exceptions (5), Randomization, Portals, Order, Site Search, Results, Reports, Administration, Gen 2 Pricing Portal, and Account. The form consists of three steps: 1. Selection of order type, 2. Company selection, and 3. Reason selection. Step 1 is active, showing the question "Do you want to order for?" with a radio button selected for "An Individual". Below this are two dropdown menus: "COMPANY" with the placeholder "Enter the Company name" and "REASON \*". At the bottom of the form are "CANCEL" and "NEXT" buttons. The footer contains copyright information: "© 2026, Clinical Reference Laboratory, Inc. V 3.23.0g" and contact information: "Need help? Email [workforcesupport@crlcorp.com](mailto:workforcesupport@crlcorp.com) | [Terms of Use](#) | [Privacy Policy](#)".

## Select Reason

Select the Location, if applicable.

Select the Reason from the drop-down list. Fields with an asterisk are required.

If you would like to limit the Reason options that can be chosen, you can set defaults under the Administration tab. Select Order Defaults.



## ORDER FORM

1 2 3

Do you want to order for?

An Individual

COMPANY

Example Company Inc

LOCATION

Enter the Location name

REASON \*

Pre-Employment

PLEASE SELECT SERVICES:

DRUG TEST +

ALCOHOL TEST +

PHYSICAL EXAM +

OCCUPATIONAL HEALTH SERVICES (OHS) +

CLINICAL HEALTH SERVICES (CHS) +

CANCEL

NEXT

## Add Services

Add services to the order by clicking the button for the category of test needed.

Select the **Lab Account** from the list of accounts associated with the chosen company.

Select the **test type** needed. Options will be given based on the account code.

Select appropriate options, such as **Single, Split** or **Observed**.

Select the **Regulatory Mode**. These can also be limited with **Order Defaults**.

PLEASE SELECT SERVICES:

DRUG TEST +

LAB ACCOUNT \*

CRL/CRL.DOTW.DOTTEST-Undefined

REGULATED TESTING (DOT)  
(Urine)



REGULATED TESTING (DOT)  
(Oral)

NON-REGULATED DRUG  
TESTING (Urine)

NON-REGULATED DRUG  
TESTING (Oral)

POINT OF CARE TESTING  
(POCT)

FLEX TESTING (FLEX)

Hair Drug Screen

SINGLE  SPLIT

OBSERVED

REGULATORY MODE \*

FMCSA


## Add Services

Select the Category.

Select the Test to Be Performed. The list will reflect test panels that have been mapped to the chosen CRL account code.

Add the service to the order by clicking the **Add** button.

The service will be added to the Cart.

CART 🛒			
SERVICE TYPE	ACCOUNT	TEST TO BE PERFORMED	REMOVE
Drug	 CRL	W215	×

Count: 1 CONFIRM

**REGULATORY MODE \***

FMCSA

**CATEGORY \***

Driver (DRIVER)

**TEST TO BE PERFORMED \***

W215/FEDERAL

CANCEL ADD

ALCOHOL TEST +

PHYSICAL EXAM +

OCCUPATIONAL HEALTH SERVICES (OHS) +

CLINICAL HEALTH SERVICES (CHS) +

CANCEL NEXT

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## Add Additional Services

Repeat the process to add additional services in other categories.

Services for one donor can be added to the same cart.

Once all services for that donor are in the Cart, select the Confirm button.

Click Next to move to Step 2.

**CART**

SERVICE TYPE	ACCOUNT	TEST TO BE PERFORMED	REMOVE
Drug	CRL	W215	
Alcohol		Breath	
Physical			
OHS		Lift test 1	

Count: 4

**CONFIRM**

### ORDER FORM

1 2 3

Do you want to order for?  
 An Individual

**COMPANY**  
Example Company Inc

**LOCATION**  
Enter the Location name

**REASON \***  
Pre-Employment

**PLEASE SELECT SERVICES:**

- DRUG TEST +
- ALCOHOL TEST +
- PHYSICAL EXAM +
- OCCUPATIONAL HEALTH SERVICES (OHS) +
- CLINICAL HEALTH SERVICES (CHS) +

**CANCEL** **NEXT**

**CART**

SERVICE TYPE	ACCOUNT	TEST TO BE PERFORMED	REMOVE
Drug	CRL	W215	
Alcohol		Breath	
Physical			
OHS		Lift test 1	

Count: 4

**CONFIRM**

## Add Donor Information

Choose the ID Type. Regulated tests will default to ID required by the regulating authority.

Enter required donor information.

If the donor is already in the portal, the donor information will populate once the Donor ID is entered.

Move on to Clinic selection.

There are two options:

Allow the Donor to select a clinic or Find a Clinic while placing the order.

### ORDER FORM

1 2 3

#### DONOR INFORMATION \*

ID TYPE

FMCSA CDL License

DONOR ID \*

26365476

STATE OF ISSUANCE \*

Alabama

FIRST NAME \*

Hillary

MIDDLE INITIAL

LAST NAME \*

HANK

EVENING PHONE

DAYTIME PHONE \*

555-555-5555

DATE OF BIRTH

03/01/1990

Clinic \*

FIND CLINIC >

Allow Donor to select Clinic

BACK

SUBMIT

## Option 1: Allow Donor to Select Clinic

Under the Clinic section, check the box for Allow Donor to Select Clinic.

Enter the Donor Email.

Choose an Expiration Date.

If the Extend Expiration by 24 Hours box is checked, there will be a 24 hours grace period for the expiration Date.

Additional Comments to Site can be added in the box provided.

Click the Submit button.

### ORDER FORM

1 2 3

**DONOR INFORMATION \***

ID TYPE: FMCSA CDL License | DONOR ID \*: \*\*\*\*\* | STATE OF ISSUANCE \*: Alabama

FIRST NAME \*: Hillary | MIDDLE INITIAL: | LAST NAME \*: HANK

EVENING PHONE: | DAYTIME PHONE \*: 555-555-5555

DATE OF BIRTH: 03/01/1990

Clinic

Allow Donor to select Clinic

DONOR EMAIL \*: demo@example.com

SCHEDULE

Expiration Date: 03/22/2026 12:48 PM |  Extend Expiration by 24 Hours

COMMENTS TO SITE

# Donor Email

Review the order.

The Authorization Number will be displayed.

Click Finish.



The Donor will receive an email with a link to choose a clinic location.

The Donor will have 48 hours to select a clinic. The Authorization form will be created once the clinic location has been selected.

## SERVICE ORDER FORM

1 2 3

### DRUG AND ALCOHOL AUTHORIZATION # (111136696)

SERVICE TYPE	ACCOUNT	TEST TO BE PERFORMED
Drug	 CRL/CRL.DOTW.DOTTEST-Undefined	W215/FEDERAL
Alcohol		Breath

Count: 2

FINISH

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Use |

Hello Hillary HANK,

**Example Company Inc** has created an order for you to complete a Pre-Employment Breath Alcohol Test, Regulated Urine Drug Screen .

Please follow the steps listed below within 48 hours to select a clinic and create your Authorization form:

1. Click the link below to locate and select a clinic.  
<https://gen2pricingportal.workforce.crlcorp.com/clinicportal/ng/#/sso/auth?sitesearch=true&token=69601323f5cf446e86c157b43452c81a>
2. Select how you want to receive the Authorization form. You can choose to print a paper copy, email or download it to your mobile device.
3. Carefully review and follow all of the instructions on your Authorization form and be sure to contact the clinic to confirm their hours of operation and if an appointment is required before you go.
4. Be sure to bring your Authorization form and a valid photo ID to the clinic with you.

If you need assistance completing this request, please contact FormFox Support at: 877-376-3691.

Thank you,  
CRL/FormFox

# Donor Site Search

After clicking the link, the Donor will be able to search for a clinic based on city, state, or zip code. The search will return only clinics offering the ordered services.

Once a site is selected, the Donor will have the option to receive a copy of the Authorization form via print, email, or text message.

The donor will enter their contact information and can click the "+" to send a copy to additional contacts.

**FIND A SITE**

delta, UT

Radius (Miles): 10  Use current location

**CRL/FF TEST CLINIC ONLY - DO NOT USE (Marketplace Enabled)**  
527 Topaz Blvd Delta UT 84624-9129 (1.85 Miles)

**SELECT SITE**

Map Satellite

Sutherland

Delta

Oasis

ret

Google

Keyboard shortcuts Map data ©2026 Terms

## AUTHORIZATION # (111136696)

Your order has been placed. Please choose from the following options to send authorization form.

Print form:

**Print PDF**

Email form:

demo@example

+

**Send Email**

Text form:

555-555-5555

+

**Send Text**

## Option 2: Select Clinic While Ordering

Rather than allowing the donor to select a clinic, click the Find Clinic button.

The site search page will load. Select the search radius and city, state, or zip code.

### ORDER FORM

1 2 3

#### DONOR INFORMATION \*

ID TYPE DONOR ID \* STATE OF ISSUANCE \*  
FMCSA CDL License \*\*\*\*\* Alabama

FIRST NAME \* MIDDLE INITIAL LAST NAME \*  
Hillary HANK

EVENING PHONE DAYTIME PHONE \*  
555-555-5555

DATE OF BIRTH  
03/01/1990

Clinic \*  
  Allow Donor to select Clinic

BACK

SUBMIT

**CRL formloc** SITE SEARCH

Hierarchy < FIND A SITE >

Radius

Min Radius (10 Miles)  
 Max Radius (50 Miles)

Delta, UT

Map Satellite


United States

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## Option 2: Select Clinic While Ordering

The search will return only clinics offering the ordered services within the set radius.

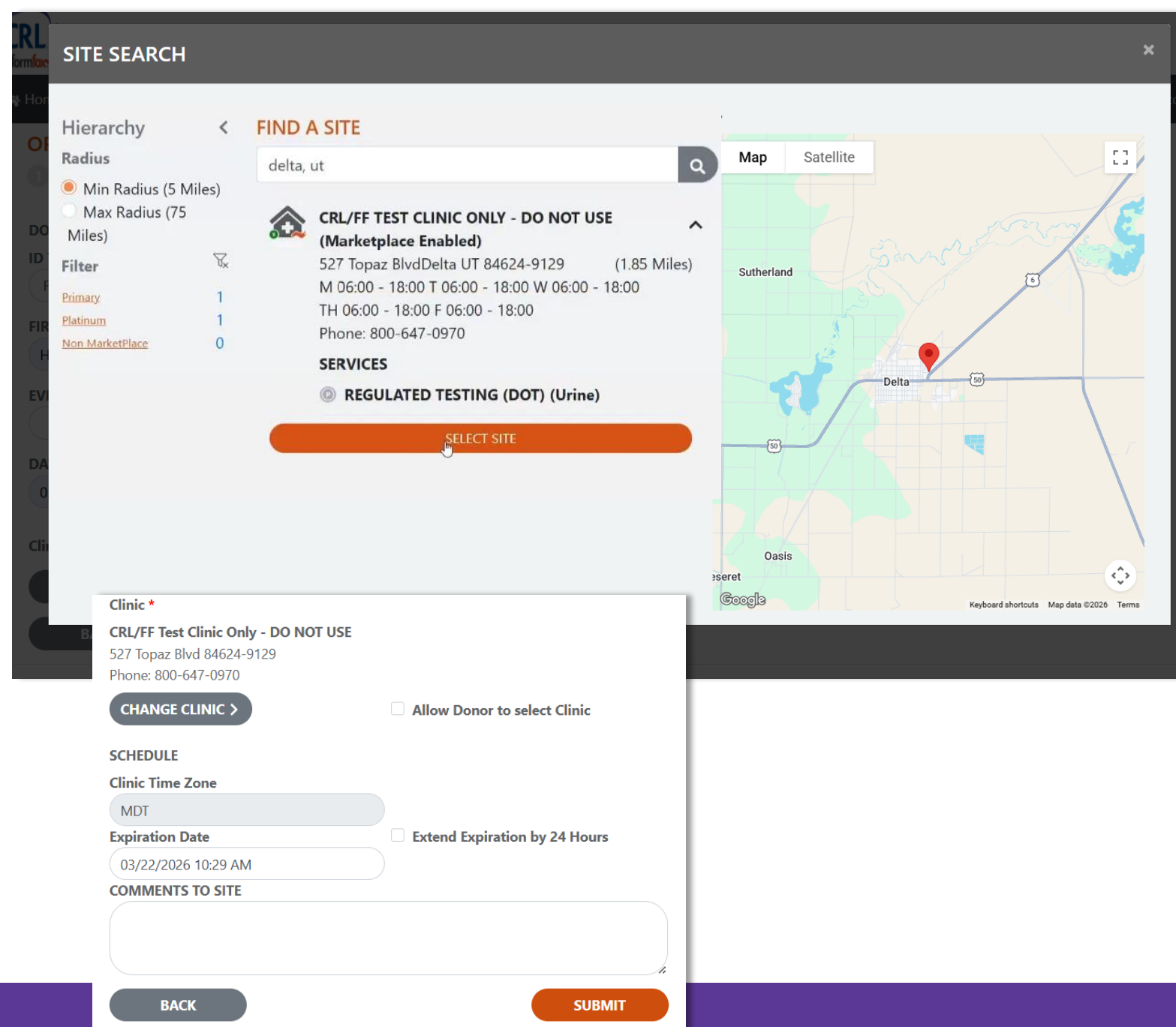
Click the  to see the clinic hours and contact information.

Click Select Site.

Check the clinic time zone and choose an Expiration Date.

If the Extend Expiration by 24 Hours box is checked, there will be a 24 hour grace period for the expiration Date.

Click the Submit button.



The screenshot displays a 'SITE SEARCH' interface. On the left, there are filters for 'Hierarchy', 'Radius' (Min Radius (5 Miles) selected, Max Radius (75 Miles)), and 'Filter' (Primary: 1, Platinum: 1, Non Marketplace: 0). The main search area shows 'FIND A SITE' with a search bar containing 'delta, ut'. A search result for 'CRL/FF TEST CLINIC ONLY - DO NOT USE (Marketplace Enabled)' is shown, including address (527 Topaz Blvd Delta UT 84624-9129), hours (M 06:00 - 18:00, T 06:00 - 18:00, W 06:00 - 18:00, TH 06:00 - 18:00, F 06:00 - 18:00), phone (800-647-0970), and a service 'REGULATED TESTING (DOT) (Urine)'. A 'SELECT SITE' button is visible below the result. To the right, a map shows the location in Delta, UT. A modal window is open over the search results, displaying clinic details: 'Clinic \* CRL/FF Test Clinic Only - DO NOT USE', address '527 Topaz Blvd 84624-9129', phone '800-647-0970', a 'CHANGE CLINIC >' button, a checkbox 'Allow Donor to select Clinic', 'SCHEDULE' section with 'Clinic Time Zone' set to 'MDT', 'Expiration Date' set to '03/22/2026 10:29 AM', and a checkbox 'Extend Expiration by 24 Hours'. There is a text input field for 'COMMENTS TO SITE' and 'BACK' and 'SUBMIT' buttons at the bottom.

## Option 2: Select Clinic While Ordering

You will see the Authorization number and the ordered services listed.

A PDF of the Authorization can be printed here.

There is also an option to enter contact information for the Donor or other party to receive a copy of the Authorization form via email, or text message.



Click the "+" to send a copy to additional contacts.

Click the Finish button.

### SERVICE ORDER FORM

1 2 3

### DRUG AND ALCOHOL AUTHORIZATION # (111160922)

SERVICE TYPE	ACCOUNT	TEST TO BE PERFORMED
Drug	 CRL/CRL.DOTW.DOTTEST-Undefined	W215/FEDERAL
Alcohol		Breath

Count: 2

Your order has been placed. Please choose from the following options to send authorization form.

Print form:

Print PDF

Email form:

+

Send Email

Text form:

+

Send Text

FINISH

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Need help? Email [workforcesupport@](mailto:workforcesupport@)

# Authorization Form

The Donor will receive a copy of the Authorization Form and the information needed to complete their services.

The order has now been placed and can be tracked from the Results tab in Workforce.



Hello Hillary HANK!

**Demo Company, Inc.** has created an order for a Pre-Employment Breath Alcohol Test, Regulated Urine Drug Screen . Please contact the site

below to confirm their hours of operation and if an appointment is required.

This order expires on Saturday, February 28, 2026 at 12:43 PM MST

**CRL/FF Test Clinic Only - DO NOT USE**

527 Topaz Blvd  
Delta Utah, 84624-9129  
(800) 647-0970

On the day of your exam, make sure to bring the **attached authorization form** and a **valid photo ID** to the site.

**Scan this barcode**



Billing Information: DO NOT SEND A BILL FOR THE SERVICE(S). FormFox, Inc. will auto pay for these Marketplace services.



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

PLEASE COMPLETE BY 12:43 PM on February 28, 2026 MST

## DONOR INFORMATION

### HILLARY HANK

DL: \*\*\*\*5476

### YOUR SITE IS:

CRL/FF Test Clinic Only - DO NOT USE  
527 Topaz Blvd  
Delta, UT 84624-9129  
800-647-0970

### INSTRUCTIONS:

- CALL the site to confirm hours and if an appointment is needed at 800-647-0970.
- BRING THIS FORM and a VALID PHOTO ID to the site.
- Your visit must be completed before 12:43 PM on February 28, 2026 MST.
- Appointment Required for DOT Urine, DOT Breath Alcohol Test.

## 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 #:
DOT Urine	Pre-Employment Split Urine	QZZ.DOT1.REF1
DOT Breath Alcohol Test	Pre-Employment	QZZ.DOT1.REF1

*Do not write in services below.*

### ORGANIZATION OR EMPLOYER:

Demo Company, Inc.  
4478 Oak Street  
Winona, MN 88675

### DER:

John Doe  
555-555-5555

Order Created on 02/24/2026 12:45 PM MST

# Authorization Form Layout

The Authorization Form will show:

1. Authorization Number and Barcode
2. Expiration date and time
3. Clinic Site with address and phone
4. ID and appointment instructions
5. Marketplace guarantee
6. Services to be provided
7. Account numbers
8. Employer and DER information

**CRL formfox Marketplace**

1   
1 1 0 3 9 9 9 6 5

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

2 PLEASE COMPLETE BY 12:43 PM on February 28, 2026 MST

**DONOR INFORMATION**

3 **HILLARY HANK**  
DL: \*\*\*\*5476

3 **YOUR SITE IS:**  
CRL/FF Test Clinic Only - DO NOT USE  
527 Topaz Blvd  
Delta, UT 84624-9129  
800-647-0970

4 **INSTRUCTIONS:**

- CALL the site to confirm hours and if an appointment is needed at 800-647-0970.
- BRING THIS FORM and a VALID PHOTO ID to the site.
- Your visit must be completed before 12:43 PM on February 28, 2026 MST.
- Appointment Required for DOT Urine, DOT Breath Alcohol Test.

**CLINIC INFORMATION**

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

5 **GUARANTOR/RESPONSIBLE PARTY: CRL/FormFox Marketplace**  
Do not invoice the client/TPA for these Marketplace services.

6 **SERVICES TO PROVIDE:**      **REASON FOR TEST:**      **ACCOUNT #:**

DOT Urine	Pre-Employment Split Urine	QZZ.DOT1.REF1
DOT Breath Alcohol Test	Pre-Employment	QZZ.DOT1.REF1

*Do not write in services below.*

8 **ORGANIZATION OR EMPLOYER:**      **DER:**

Demo Company, Inc. 4478 Oak Street Winona, MN 88675	John Doe 555-555-5555
---	--------------------------

7

Order Created on 02/24/2026 12:45 PM MST