



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](#)



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Username

Password

[Forgot Password](#)

Log In

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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.



Workforce

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CRL Image Test Portal [Account](#)

☐ Show Archived Orders

Select

Search

Q

CLEAR

WATCH

RESOLVE

CUSTOMIZE

EXPORT CSV

CLEAR FILTERS

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

Total records: 157

First

Previous

1

2

3

Next

Last

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.

COMPANY

de

Captivate Demo

Example Demo Company

Demo Company, Inc.

FF Support Demo Company

Kims Demo Company

PJJ Demo Account

Sales Demo

Team Demo Company

CRL

formfox

Workforce

Home

Result Exceptions 5

Randomization

Portals

Order

Site Search

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Gen 2 Pricing Portal

Account

ORDER FORM

1

2

3

Do you want to order for?

An Individual

COMPANY

Enter the Company name

REASON *

CANCEL

NEXT

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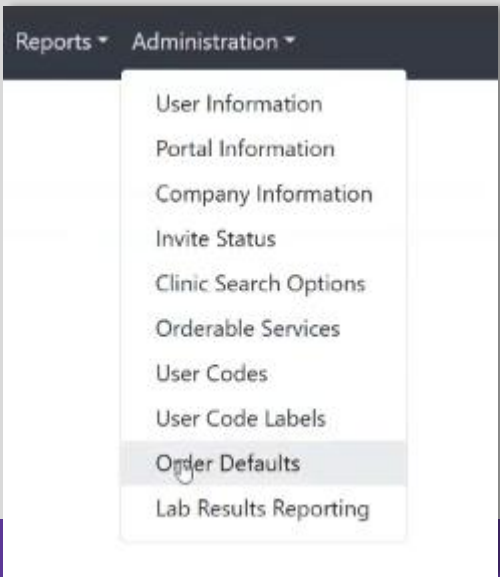
[Terms of Use](#) | [Privacy Policy](#)

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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Need

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

CART

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

Count: 4

CONFIRM

NEXT

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

DONOR ID *

STATE OF ISSUANCE *

FMCSA CDL License

26365476

Alabama

FIRST NAME *

MIDDLE INITIAL

LAST NAME *

Hillary

HANK

EVENING PHONE

DAYTIME PHONE *

555-555-5555

DATE OF BIRTH

03/01/1990

Clinic *

FIND CLINIC >

BACK

☐ Allow Donor to select Clinic

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 check, 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

FIND 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

BACK

SUBMIT

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?site=search=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

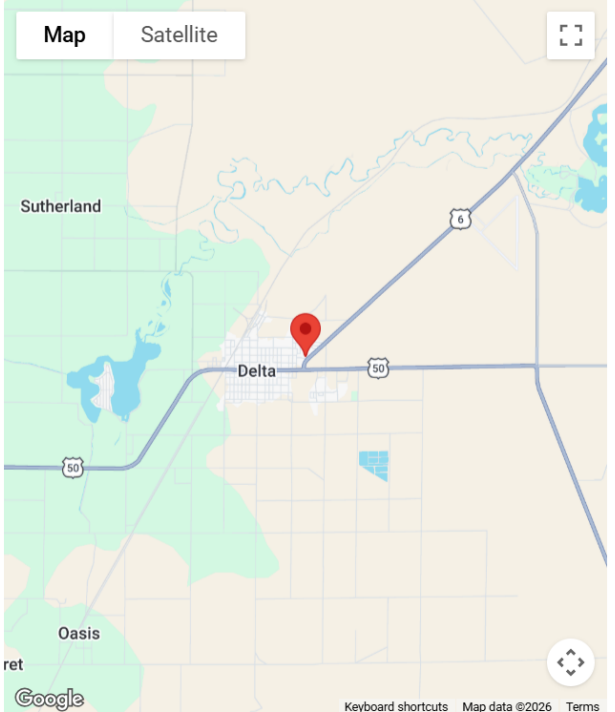
Radius (Miles): ☐ Use current location



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

SELECT SITE

MapSatellite



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

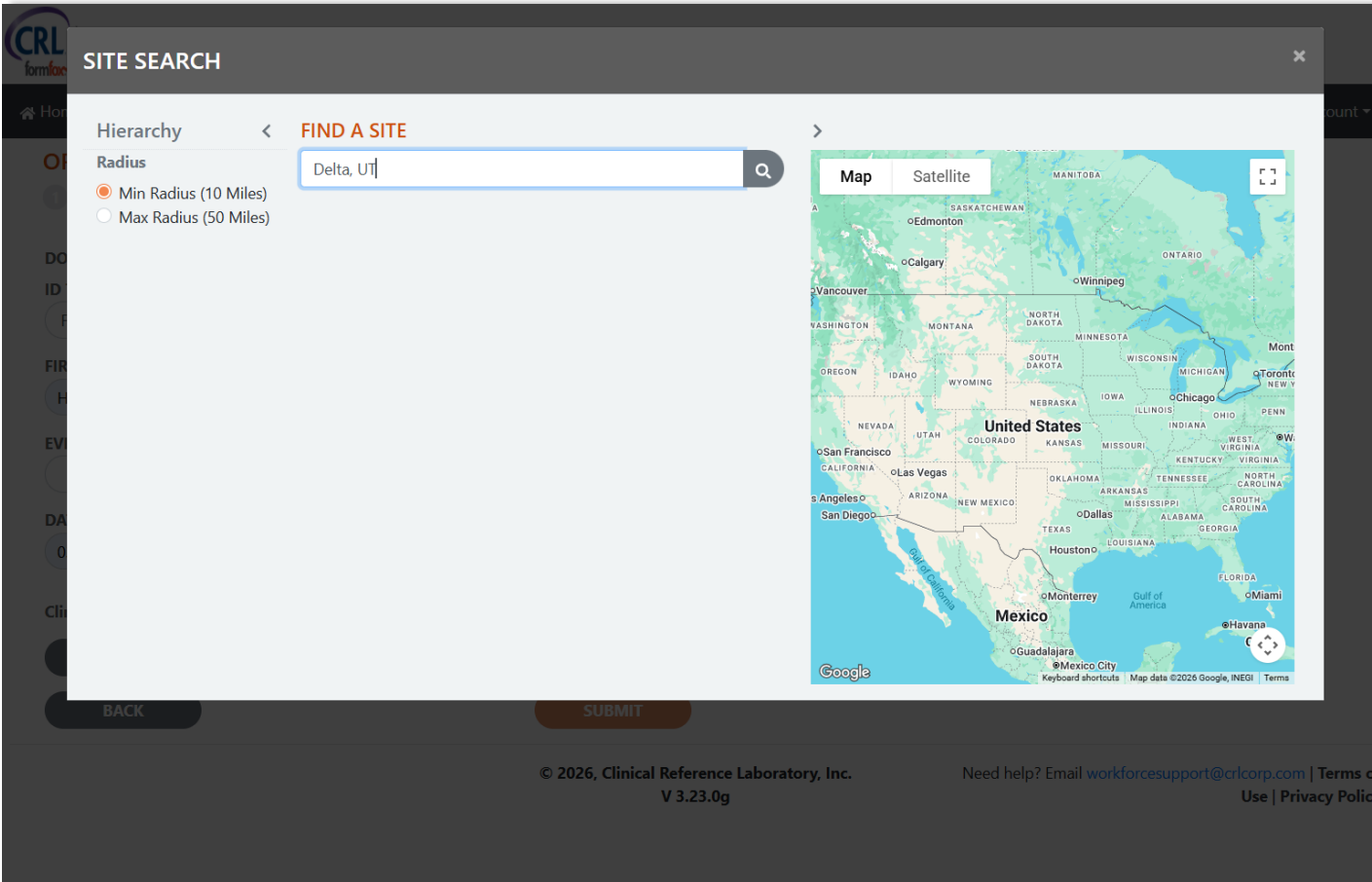
Clinic *

FIND CLINIC >

Allow Donor to select Clinic

BACK

SUBMIT



Click the **Submit** button.

SITE SEARCH

Hierarchy

Radius

☒ Min Radius (5 Miles)

☐ Max Radius (75 Miles)

Filter

- Primary 1
- Platinum 1
- Non MarketPlace 0

FIND A SITE

Q

**CRL/FF TEST CLINIC ONLY - DO NOT USE
(Marketplace Enabled)**

527 Topaz BlvdDelta UT 84624-9129 (1.85 Miles)
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

SERVICES

REGULATED TESTING (DOT) (Urine)

SELECT SITE

Map
Satellite

Keyboard shortcuts Map data ©2026 Terms

★

Clinic *

CRL/FF Test Clinic Only - DO NOT USE

527 Topaz Blvd 84624-9129
Phone: 800-647-0970

CHANGE CLINIC >

☐ Allow Donor to select Clinic

SCHEDULE

Clinic Time Zone

MDT

Expiration Date

03/22/2026 10:29 AM

☐ Extend Expiration by 24 Hours

COMMENTS TO SITE

BACK

SUBMIT

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



Marketplace

1



1 1 0 3 9 9 9 6 5

?

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

2

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

3

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.

4

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.

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.

7

8

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