

**DESIGNATED EMPLOYER REPRESENTATIVE (DER) FORM**

**Definition of DER:** A DER is an employee authorized by the Employer to receive substance abuse test results and other communications for the employer.

**EMPLOYER NAME:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**CITY, STATE, ZIP:** \_\_\_\_\_

**EMPLOYER CONTACT:** \_\_\_\_\_ **PHONE:** \_\_\_\_\_

**FAX:** \_\_\_\_\_ **EMAIL:** \_\_\_\_\_

|   |   |
|---|---|
| <p><b>(Primary DER) - Please Print Clearly</b></p> <p>_____</p> <p>Email: _____</p> <p>Phone: _____</p> | <p><b>(Alternate DER) - Please Print Clearly</b></p> <p>_____</p> <p>Email: _____</p> <p>Phone: _____</p> |
|---|---|

**REPORTING METHOD:**

|   |  |  |   |
|---|--|--|---|
| <input type="checkbox"/> <b>Email results</b> | <input type="checkbox"/> <b>Mail results</b> | <input type="checkbox"/> <b>Phone results</b><br><input type="checkbox"/> <b>OK to Leave Message</b> | <input type="checkbox"/> <b>Fax results</b> |
|---|--|--|---|

***Note: Positive Results will always be reported via phone***

**ALTERNATE MAILING ADDRESS IF DIFFERENT THAN ABOVE:**

Alternate Address: \_\_\_\_\_

**Printed Name of Employer Authorized Representative:** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Today's Date:** \_\_\_\_\_

**Title:** \_\_\_\_\_