

EF PIN#: 7071 Date/Time: 2011-09-21 15:09:24



CA State Medical Board Program (CA SMB) (Keep this sheet for your files)

Dear New Participant:

Please read the following very carefully. It explains the enrollment process and test notification procedures for the CA SMB Program. After you have read it completely, please feel free to call FirstLab's PHM (Professional Health Monitoring) Department at 1-800-732-3784 with any questions.

Enrollment into FirstLab:

1. Complete the enclosed Application and Payment Form. Each test will cost:
Option # 1 = \$58.00, Option # 2 = \$30.00, Option # 5 = \$33.50, Option # 6 = \$56.00
2. Participant is only responsible for paying the collection fee at the time of collection.
3. Fax the original *Application and Payment Form* and signed Agreement, within 24 hours, back to FirstLab at **215-396-5613**. We **MUST** have your Application and Payment Form on file before you can begin logging into the Test Notification System.
4. You will be required to access our Testing Notification System Sun. Mon. Tue. Wed. Thu. Fri. Sat. from 12:00 AM to 5:00 PM effective 07/01/2010, which will indicate if you have or have not been selected for testing. To access the Testing Notification System you may log on to **www.firstlab.com** and click on "PHM login" or call **1-877-282-1911**.

Logging on to the web: To access via the web, go to **www.firstlab.com** and click on "PHM login". The first time you log in, you must register as a user. Once you've registered with a Login and Password, you may login and a testing message will appear on the screen. "You have not been selected for testing today." **Or** "You **have been** selected for testing today. Please check option # ____ on your Chain of Custody form." Special messages will appear in red font, it is your responsibility to read and follow the directions in the message for compliance with your program.

Calling In: To access via IVR, Interactive Voice Response, call 877-282-1911. You will hear a recording. When prompted, use the telephone keypad to enter your social security number or 9 digit participant ID followed by the "#" sign. When prompted a second time, use the telephone keypad to enter your assigned pin number (found on your Participant ID card) followed by the "#" sign. You will hear one of two messages: "You have not been selected for testing today." **Or** "You **have been** selected for testing today. Please check option # ____ on your Chain of Custody form and report for testing before the close of business today." You must listen to the message in its entirety; it is your responsibility to follow the directions in the message for compliance with your program.

Absolute Requirement: When you are notified of a test, you MUST go to the collection site within the time frame dictated by your Program which is referenced in the FAQs and/or Participant ID Card. Testing is the critical part of your follow-up program. It is recommended you call early in the day so that you have plenty of time to get to the collection site. The Test Notification System can be accessed from 12:00 AM to 5:00 PM PST. Failure to provide a specimen on the day selected due to calling in late will be considered a No-Show, reported to your case manager as such, and additional screens may be required.

Payment Methods: Please refer to the Payment Options & Procedures sheet in this packet for a detailed explanation of the payment methods that will be accepted by FirstLab. You must complete the Application and Payment Form and return it to FirstLab in order to begin using the Testing Notification System.

Payment Changes/Address Changes/Change of Collections Site: Registered users can make these changes/updates to "My Profile" by accessing the web site, **www.firstlab.com/phmmem**. Or they can be mailed, faxed to 215-396-5613, emailed to **tsilveira@firstlab.com** or called into FirstLab at 1-800-732-3784.

Collection Sites: You are required to designate one (1) primary collection site. If you cannot make it to your primary collection site on a day you are selected for a test, call FirstLab to inform them of the alternate site that you will be using for that day. Your Participant ID card must be presented to your collection facility each time you are selected for a test to assure that your collection is performed on the proper Chain of Custody Form. The collection site will also ask to see a government issued photo ID, such as a driver's license. If there is no collection site in your area, but you are aware of a lab in your area that is not on the list, you may contact FirstLab and discuss adding the site.

Testing Form: You are 100% responsible for assuring that you have testing forms, otherwise known as Chain of Custody(COC) forms. Please make sure that you have a minimum of 2 Chain of Custody forms on hand at all times. You will be sent COC forms from FirstLab. If you need to reorder forms, please login to the Testing Notification System, **www.firstlab.com/phmmem** and select Forms/Reports, Chain of Custody Order Form or contact FirstLab at 1-800-732-3784.

Highpoint Business Campus 100, Highpoint Drive, Suite 102, Chalfont, PA 18914 (800) 732-3784

International (215) 396-5500 Fax (215) 396-5611 www.firstlab.com

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CA State Medical Board Program (CA SMB)
Application and Payment Form
 PERSONAL AND CONFIDENTIAL

Participant Name: Tina Silveira

Social Security Number or Participant ID: XXXXX0000 **PIN#:** 7071

Address: 123 Main St

City: Oak Harbor **ST:** PA **ZIP:** 98277

Phone Number: 215-555-1212 **Email Address:** manny.girl@hotmail.com

Credit Card

Credit Card/Check Card Information – must be completed when credit card is selected

Visa **MasterCard** **American Express** **Discover**

Credit Card#: **Exp. Dt:**

Validation Number: _____

Name as it appears on the card (print):

Authorization to charge the card (signature):

Collection Site Information - must be completed

FirstLab requires that you designate a primary collection site to be used for all collections.

Collection Site Name:

Address:

City, State, Zip: **&n+bsp;** **Phone:**

Signature:

Date:

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AGREEMENT

THIS AGREEMENT by and between **First Hospital Laboratories Inc. dba FirstLab**, a Virginia Corporation and Participant is made as of the date of the execution of this document.

WHEREAS, The Participant is under an administrative or disciplinary obligation to submit at Participant's own expense to random drug and/or alcohol tests directed by CA SMB, the professional occupational licensing board by which Participant is currently licensed; and

WHEREAS, the CA SMB has entered into an agreement with FIRSTLAB to provide drug testing services for the CA SMB;

NOW, THEREFORE, in consideration of the mutual promises contained in this Agreement and for other good and valuable consideration, and in order to facilitate compliance with the CA SMB's requirements, the parties agree as follows:

A. FIRSTLAB will:

1. Secure a forensic toxicology testing laboratory acceptable to the CA SMB.
2. Assist in securing collection sites that are convenient and that employ certified collectors that meet FirstLab's standards.
3. Provide testing kits and chain of custody forms to be used in the collection process.
4. Use information provided by the CA SMB to establish testing levels and frequencies for random selection.
5. Perform computer random selection at the testing frequencies established.
6. Provide a toll-free 800-telephone number and website for Participant to call Sun. Mon. Tue. Wed. Thu. Fri. Sat. to see if Participant has been selected for testing.
7. Provide a Medical Review Officer to review confirmed non-negative test results as requested.
8. Send all test results to the CA SMB and immediately fax all positive results directly to the Administrator, or designee of the CA SMB.
9. Charge Participant monthly for services such as specimen analysis, collection site fees, Medical Review Officers fees, Return Check fee, etc.

B. The Participant will:

1. Complete the registration form and return/submit it to FIRSTLAB.
2. Call IVR (Inter-Active Daily Voice Response) and/or log on to the FirstLabTest Notification web site at a designated time between 12:00 AM and 5:00 PM PST Sun. Mon. Tue. Wed. Thu. Fri. Sat. to see whether Participant has been selected for testing that day.
3. If selected for testing, report to a FIRSTLAB approved testing site and be tested that same day. Should Participant's professional schedule make testing before the collection site's operating hours unreasonable, Participant must make arrangements for after hours collection. Approval of the monitoring program is required for this variance and the cost of the collection at such a site is the responsibility of the participant.
4. Agree that failure to call or test will be considered a lack of compliance with the CA SMB's order or administrative agreement requiring such testing and will result in reporting that lack of compliance to the CA SMB.
5. Keep Participant's account with FIRSTLAB current. FirstLab will charge the Participant once a month for all tests that reported to FirstLab during the previous month. This will take place on the 23 of each month. If this date falls on a weekend, processing will take place on the following Monday. Immediately upon a credit or debit card rejection, FirstLab's Finance Department will suspend the Participant's access to the Testing Notification message. Upon call-in or login to our Test Notification System, Participant will be alerted that their account is on credit hold. Participant will have the ability to clear up their balance at that time. If the Participant clears their balance, he/she will be removed from suspension and advised if

they have been selected for testing that day. The CA SMB is notified when a Participant is placed on suspension due to non-payment as it may result in non-compliance with the monitoring requirements.

6. Present chain of custody form and valid government issued photo I.D. to collection site at time of collection.

C. Participant authorizes FIRSTLAB to disclose or release any information in its possession concerning Participant, including without limitation, the results of any drug screening tests, to the CA SMB. This authorization is subject to revocation at any time, except to the extent that FIRSTLAB already has taken action in reliance on it. If not previously revoked, this authorization will terminate upon written confirmation to FIRSTLAB by the CA SMB that the administrative or disciplinary obligation to the CA SMB under which this Agreement has been executed has been terminated.

D. FIRSTLAB will take all reasonable efforts to insure confidentiality and protect the integrity of the program. FIRSTLAB further agrees that all knowledge and information that FIRSTLAB may receive from the CA SMB, their employees or consultants, shall for all time and for all purposes be regarded by FIRSTLAB as strictly confidential and held by FIRSTLAB in confidence, and solely for its benefit and use, and shall not be directly or indirectly disclosed to any person whatsoever, except to the CA SMB, or anyone authorized by the CA SMB. The obligations hereunder with respect to confidentiality will survive and continue after this Agreement terminates or expires.

E. It is expressly understood and agreed by the parties hereto that the reports prepared and issued by the testing laboratory or the MRO shall be the sole responsibility of the issuer, and that FIRSTLAB assumes no responsibility for such reports. Each testing laboratory shall be an independent contractor, not an employee of FIRSTLAB. It is further understood and agreed by the parties that no liability is assumed by FIRSTLAB for the accuracy of the processed data, except for the correction of its work; however, every precaution will be taken to insure the accuracy of the processed data. Any reasonable delay in performing under this Agreement due to disaster, weather, or mechanical failure will also cause no liability to FIRSTLAB.

F. Participant agrees to indemnify and hold harmless FIRSTLAB, its directors, officers and employees from and against any and all claims, actions, and liabilities of any nature which may be asserted against it or them in connection with the performance of FIRSTLAB, its directors, officers, employees, and agents pursuant to this Agreement.

G. This Agreement shall remain in effect until either of the following, whichever occurs first in time: (1) the Agreement between FIRSTLAB and the Program Title is canceled; or (2) the CA SMB confirms in writing to FIRSTLAB that Participant is no longer obligated to the CA SMB for such a program.

H. This Agreement shall be governed and construed in accordance with the laws of the Commonwealth of Virginia.

(Participant)

(Date)

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PAYMENT OPTIONS & PROCEDURES

The following payment option is available to the participant.

CREDIT CARD OR DEBIT CARD - VISA, MASTERCARD, AMEX, DISCOVER ONLY

1. Upon notification, the participant should proceed to their designated collection site and perform a urine drug screen collection. Participant is only responsible for paying the collection fee at the time of collection.
2. The Participant's specimen will be shipped to the laboratory for analysis.
3. The Laboratory will report the specimen result to FirstLab.
4. **FirstLab will bill the participant once a month** for all tests that reported to FirstLab during the previous month. This will take place the 23rd of each month. For example, all tests reported during the month of March will be debited the 23rd of April. If this date falls on weekend processing would be completed the following Monday.

* It is recommended that the participant keep on file the "donor's" copy of the Chain of Custody form, as provided by the drug screen collector. This is the participant's receipt, indicating that the participant performed a specimen collection.

* FirstLab does not send itemized statements to the participant. However, statements can be obtained at any time, by logging on to our web as a registered user or calling the Finance department at 1-800-732-3784.

*** It is the participant's responsibility to update FirstLab with any changes to payment information.**

DELINQUENT PAYMENT POLICY

Immediately upon a credit/debit card being rejected, FirstLab's Finance Department will suspend your call-in/log-in privileges. You will be alerted that your account is on credit hold via the Test Notification System and will have the ability to clear up your balance with FirstLab at that time. You will be charged a \$25.00 suspension fee with your next monthly billing. After your account has been paid in full, you will be re-activated and notified whether or not you have been selected for testing that day. If your account has been referred to an outside collection agency and you would like to return to the program, you must pay the entire outstanding balance, a reinstatement fee equal to 30% of that balance, and the \$25.00 suspension fee.

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Here is your FirstLab Identification Card

<p>Tina Silveira</p> <p>CA SMB Program</p> <p>Pin #: 7071</p> <p>Call in hours: 12:00 AM - 5:00 PM PST</p> <p>Call in days: Sun. Mon. Tue. Wed. Thu. Fri. Sat.</p> <p>All collections should be directly observed for this participant.</p>	<p>FirstLab Confidential Test Notification System</p> <ol style="list-style-type: none"> 1. Log on to www.firstlab.com/phmmem or call 877-282-1911. 2. Enter your social security number or 9-digit participant ID. 3. Enter your personal ID number (PIN #). 4. We do NOT recommend cell phones. 5. Call collection site to verify hours before reporting for test. <p>Questions? Contact FirstLab's PHM Department at 1-800-732-3784.</p>
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You may print the FirstLab ID Card each time you report for testing or you may cut along the dotted lines and have it laminated at a local retail shop.

Tips and Reminders

- If you experience any problems with the PHM call in number, 877-282-1911 please call FirstLab or logon to web based Testing Notification System at www.firstlab.com/phmmem. If calling after hours, please press option #7 to report trouble.
- DO NOT, for any reason, select the post-accident option.
- DO NOT use a Cell Phone! Why?
This type of communication can be directly compared and related to that of a radio. There are points in which the signal from a cell phone will not reach the destination because of interference (this could be structural, weather, or distance related). This interference may very well cause the information you are trying to input, whether it would be your social security number, participant ID number, or PIN number, not to be recognized properly by the system, thus giving a false indication on any report.
- Call FirstLab to inform us if you are dropping at a site other than your designated site.
- Update FirstLab with address, credit card or check card changes.
- Take your FirstLab Participant ID Card and Photo ID Card with you to your collection facility.

Contact the FirstLab PHM Department at 800-732-3784.

Fax All Correspondence to PHM at 215-396-5613.

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