

# Completing Standard Clinical Collections in FormFox



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## Clinical 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.

# Make sure you have supplies for all test events

- Reordering supplies is the clinic's responsibility.
- Please allow 5-7 business days for order delivery.
- Keeping a 1-month supply on hand is recommended.

## Standard Clinical and QuantiFERON-TB Gold Kits

Fill out and email a completed Clinical Supply Order Form to [training@formfox.com](mailto:training@formfox.com)

[Download Clinical Supply Order Form](#)

## FormFox Labels

Email the FormFox Implementation Team - [training@formfox.com](mailto:training@formfox.com)



### FORMFOX MARKETPLACE CLINICAL SUPPLY ORDER

SEND TO: FORMFOX TRAINING TEAM

EMAIL: TRAINING@FORMFOX.COM

Please visit the Fulfillment Center to order DOT and Non-DOT supplies:  
[Fulfillment Center - Login \(cricorp.com\)](#)

Date Requested:

SHIPPING INFORMATION: Please fill-in information below

CLINIC NAME:   
SHIPPING ADDRESS:   
CITY:  STATE:  ZIP:   
ORDER CONTACT:  PHONE:  EMAIL:

QUANTITY	DESCRIPTION	ITEM CODE
<i>Clinical Supplies</i>		
<input type="text"/>	Clinical Kit (includes shipping supplies)	KCBL-910042
<i>QuantiFERON Kit</i>		
<input type="text"/>	Single, QuantiFERON collection kit (includes shipping supplies)	KCBL-910041

Please allow 5-7 business days for order delivery

Email completed form to [training@formfox.com](mailto:training@formfox.com)

## Clinical Collections will be Pre-Ordered

Always ask the patient if they have an Authorization Form.

Marketplace services will be indicated by the Marketplace logo on the top left corner of the form.

## All ordered services will be listed in this section.

- If Clinical services are ordered alongside other services, perform these as you normally would.
- For Clinical 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.



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

### 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, 2023 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
Clinical Specimen Collection	Pre-Employment	TEST.CMKT.REF1

*Do not write in services below.*

**EMPLOYER:**  
Test Company  
110 Wall St.  
New York, NY 1005

**DER:**  
XYZ DER  
877-376-3691

## Standard Clinical Collection Kit Includes:

- **Royal Blue** -K2 EDTA Tube
- **Tiger Top** - Serum Separator Tube (SST)
- **Red Top** – Serum Transfer Tube
- **Lavender Top** – K3 EDTA Tube
- **Yellow Top** – Urine Analysis (UA) Tube
- Specimen bag with absorbent pad
- Pop-up specimen shipping box
- Small Clinical mailer bag
- Pre-printed shipping label



Begin a Clinical order by clicking on the Authorization Form or Mobile Device icon.

Home  
Pending List  
Open Events (38)  
Complete/Search  
FMCSA Report  
Billing

System  
Reports  
Technical Help

**What did the patient bring in?**

Authorization Form or Mobile Device

5 Part Paper Chain

OR

**What do you want to do?**

Lab Based Drug Test (Account Number)

Alcohol Test

OR

**Shortcuts**

Use Your Account Book

Use Your Favorites List

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**.

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

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

Search where  Equal to

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

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

## Scan/key in the authorization barcode

The ordered events will appear in the grid

- Home
- Pending List
- Open Events (38)
- Complete/Search
- FMCSA Report
- Billing

## Locate Donor Test

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

Authorization barcode

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	will thoms	*****9MPD		Pending	TEST.CMKT.REF1				
CLN	<a href="#">john devine</a>	*****9MPD		Pending	TEST.CMKT.REF1				
CLN	<a href="#">john devine</a>	*****9MPD		Pending	TEST.CMKT.REF1				
DRG	<a href="#">john devine</a>	*****9MPD		Scheduled	TEST.CMKT.REF1				

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

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.



www.formfox.com says

This donor has multiple pending events. Be sure to complete all before dismissing the donor.

- Click on any ordered urine tests (DRG) to open and complete the Urine workflow.
- If there are multiple clinical events (CLN) for the donor, you will only need to click on one of the clinical events to complete all ordered clinical tests. All clinical events will appear in one workflow.
- You do not need to click on each clinical event entry in the grid.

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

**form** 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 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.

I consent to receiving email, text messages, and phone calls at the email address and phone number provided by me. My test results may be reported to me through any of the foregoing means or any other reasonable mechanism, including web-based applications, at any time as my results are available.

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 may be reported to the ordering physician, my healthcare providers, public health authorities in accordance with applicable law, and as otherwise required or permitted by law or as authorized by me. 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.

CRL or the person or entity arranging this testing may contract with an independent physician network to provide certain limited services relating to this testing. Such services may include evaluation of test requests, ordering of tests if appropriate, receipt of test results, and telemedicine consultations (collectively, "Physician Services"). The Physician Services will not include treatment or prescription services. It is my sole responsibility to follow up with my healthcare provider for treatment or prescription services. I agree to the Physician Services to the extent they are made available.

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. As with all laboratory tests, there is a chance of a false positive or false negative result. I understand that failure to follow the instructions for this testing may impact testing results and may cause delay or cancellation of testing.

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 Physician Services and the collection, testing, and reporting of information described herein.

Use of CRL's website is subject to CRL's Terms of Use available at <https://www.crlcorp.com/terms-of-use/> and Notice of Privacy Practices available at <https://www.crlcorp.com/notice-of-privacy-practices/>.

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 I will not be able to receive these testing services.

Donor Accepts Donor Declines

The Clinical workflow has three tabs.

Complete all the fields in the **Information** tab.

**Step 3** will list the supplies needed. A printable list is available in this section as well.

Make sure you have a FormFox specimen ID label with you during the collection.

### CLINICAL SPECIMEN COLLECTION

Information | Specimen Collection | Summary

#### Step 1: Patient Information

Patient Name John Q Test

\* Country United States of America

\* Address 123 Demo St

\* City Salt Lake City

\* State Utah

\* Zip 84115

\* Phone 5555555555

\* Date of Birth 01/01/1980  Age 46

\* Gender M

\* Hours since last food/drink 12

\* Ethnicity Non-Hispanic

Patient is Pregnant?  Yes

\* Race Multi-Racial

#### Step 2: Patient Consent

Donor voluntarily consents to testing and laboratory analysis by CRL

#### Step 3: Obtain Supplies Needed [Print list](#)

The supplies needed for these procedures:

- Serum
- Adhesive Bandage
- Alcohol Prep Pad
- Gauze Pad
- Latex Free Tourniquet
- Latex/ Powder Free Gloves
- Needle Holder
- Safety Needle
- Serum Pour Off / Transfer Tube
- Serum Separator Tube (SST)
- 1 FormFox label sheet(s)

Delete Test Next

Follow the on-screen instructions for collections.

If there are multiple tests requiring serum in the order, you will only need to collect **ONE TUBE (red top transfer tube) for all.**

If there are multiple clinical tests ordered (royal blue top, purple top, etc.) you will need to collect **ONE TUBE for each.**

Information Specimen Collection Summary

**GMM** must be written on all containers.



Use the Clinical labels



**Step 4 PERFORM COLLECTIONS**

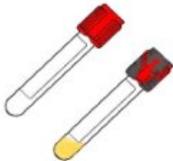
**BLOOD DRAW**

Serum

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

Collection: Serum separator tube (SST) or serum tube (chemistry and immunology testing)

- Fill tube completely
- Gently invert five (5) to ten (10) times
- Allow tube to clot for thirty (30) minutes to one (1) hour at room temperature.
- Centrifuge clotted tube for fifteen (15) minutes at high speed.
- Transfer serum to red capped transfer tube (be careful not to transfer red blood cells)
- Discard SST tube after transfer.
- Testing will not be performed on tubes received un-centrifuged.



Scan or enter barcode

Unable to Draw Submit

Tube Instructions

As tubes are collected, apply FormFox Clinical labels.

If a urine collection is included in the order, you will use **2 FormFox label pods** for each order. One label pod will be used for the urine collection. The second label pod will be used for the clinical workflow.

Clinical collections will use the white Clinical labels on the bottom-left of the label pod and end in **W, X, Y, or Z**.

You will place a clinical label on each tube being sent to the laboratory.

**DISCARD REMAINING LABELS! DISCARD REMAINING LABELS!**

NON-FEDERAL URN/ORAL	 Date (Mo. Day Yr.) Donor's Initials CC00000000	<b>formfox</b> Smarter Workflows <b>NON-FEDERAL</b> URN/ORAL	CENTER OVER CAP 	<b>SPECIMEN ID NUMBER</b> CC00000000 	Date (Mo. Day Yr.) Donor's Initials CC00000000
	Date (Mo. Day Yr.) Donor's Initials CC00000000	<b>formfox</b> Smarter Workflows <b>NON-FEDERAL</b> URN/ORAL	CENTER OVER CAP 	<b>SPECIMEN ID NUMBER</b> CC00000000 	Date (Mo. Day Yr.) Donor's Initials CC00000000
FEDERAL URN/ORAL	 Date (Mo. Day Yr.) Donor's Initials CF00000000	<b>formfox</b> Smarter Workflows <b>FEDERAL</b> URN/ORAL	CENTER OVER CAP 	<b>SPECIMEN ID NUMBER</b> CF00000000 	Date (Mo. Day Yr.) Donor's Initials CF00000000
	Date (Mo. Day Yr.) Donor's Initials CF00000000	<b>formfox</b> Smarter Workflows <b>FEDERAL</b> URN/ORAL	CENTER OVER CAP 	<b>SPECIMEN ID NUMBER</b> CF00000000 	Date (Mo. Day Yr.) Donor's Initials CF00000000
<b>CLINICAL</b>  CC00000000  2nd I.D. _____ GEN	<b>CLINICAL</b>  CC00000000  2nd I.D. _____ GEN	<b>CLINICAL</b>  CC00000000  2nd I.D. _____ GEN	<b>CLINICAL</b>  CC00000000  2nd I.D. _____ GEN	<b>Hair Envelope Seal</b> Collector & Donor Initials Date (Mo. Day Yr.)	Date (Mo. Day Yr.) Donor's Initials CC00000000

Version 1.4 Revised 2/24 15 MIL XXXXX250

Scan or enter the specimen ID number for each associated tube.

Make sure to include the letter at the end of the ID: **W, X,Y, or Z.**

Information

Specimen Collection

Summary

**GMM** must be written on all containers.



Use the Clinical labels



### Step 4 PERFORM COLLECTIONS

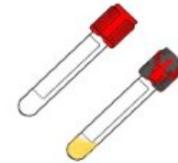
#### BLOOD DRAW

Serum

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

**Collection: Serum separator tube (SST) or serum tube (chemistry and immunology testing)**

- Fill tube completely
- Gently invert five (5) to ten (10) times
- Allow tube to clot for thirty (30) minutes to one (1) hour at room temperature.
- Centrifuge clotted tube for fifteen (15) minutes at high speed.
- Transfer serum to red capped transfer tube (be careful not to transfer red blood cells)
- Discard SST tube after transfer.
- Testing will not be performed on tubes received un-centrifuged.



Scan or enter barcode

CC08040333W

Unable to Draw

Submit



Tube Instructions

Locate the **3 letter Identification Key**. Three letters will be generated during each clinical workflow session and serve as the **donor's second identifier**. You will write this Identification Key on the FormFox clinical specimen ID label on each tube.



Information Specimen Collection Summary

**GMM** must be written on all containers.



### Step 4 PERFORM COLLECTIONS

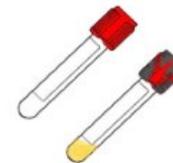
#### BLOOD DRAW

##### Serum

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

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- Centrifuge clotted tube for fifteen (15) minutes at high speed.
- Transfer serum to red capped transfer tube (be careful not to transfer red blood cells)
- Discard SST tube after transfer.
- Testing will not be performed on tubes received un-centrifuged.



Use the Clinical labels

**DISCARD REMAINING LABELS! DISCARD REMAINING LABELS!**

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Scan or enter barcode

CC08040333W

Unable to Draw

Submit



Tube Instructions

Register and label each tube collected.  
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 clinical workflow.



**close / cancel**

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

Information Specimen Collection Summary

GMM must be written on all containers.



Use the Clinical labels

**DISCARD REMAINING LABELS! DISCARD REMAINING LABELS!**

	formfox NON-FEDERAL UNIRORAL Date (Mo, Day Yr) CC00000000 Donor's Initial CC00000000	CENTER OVER CAP <b>(A)</b>	SPECIMEN ID NUMBER CC00000000
	formfox NON-FEDERAL UNIRORAL Date (Mo, Day Yr) CC00000000 Donor's Initial CC00000000	CENTER OVER CAP <b>(B)</b>	SPECIMEN ID NUMBER CC00000000
	formfox FEDERAL UNIRORAL Date (Mo, Day Yr) CF00000000 Donor's Initial CF00000000	CENTER OVER CAP <b>(A)</b>	SPECIMEN ID NUMBER CF00000000
	formfox FEDERAL UNIRORAL Date (Mo, Day Yr) CF00000000 Donor's Initial CF00000000	CENTER OVER CAP <b>(B)</b>	SPECIMEN ID NUMBER CF00000000
	CLINICAL CC00000000 Date (Mo, Day Yr) CC00000000 Donor's Initial CC00000000		SPECIMEN ID NUMBER CC00000000
	CLINICAL CC00000000 Date (Mo, Day Yr) CC00000000 Donor's Initial CC00000000		SPECIMEN ID NUMBER CC00000000

Hair Envelope Seal  
Collector's & Donor Initials  
Date (Mo, Day Yr)

Version 1.4 Revised 2024 19 MIL XXXXX250

### Step 4 PERFORM COLLECTIONS

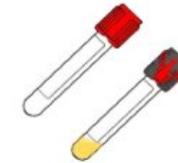
#### BLOOD DRAW

##### Serum

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

**Collection: Serum separator tube (SST) or serum tube (chemistry and immunology testing)**

- Fill tube completely
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- Centrifuge clotted tube for fifteen (15) minutes at high speed.
- Transfer serum to red capped transfer tube (be careful not to transfer red blood cells)
- Discard SST tube after transfer.
- Testing will not be performed on tubes received un-centrifuged.



Scan or enter barcode

CC08040333W

Unable to Draw

Submit



Tube Instructions

The **Summary** tab is where you can review the specimen IDs entered. Double-check that the unique identification key is written on the specimen ID labels affixed to the tubes being sent to the lab.

**Note:** For serum collections, you will only send the poured off serum transfer tube to the lab.

## General Clinical Specimen Packaging and Shipping Instructions:

Place clinical specimen tubes in the **biohazard bag** included in the Clinical kit.

Place the bag into the included **“Exempt Human Specimen box.”**

Place the box into included **FedEx lab pack.**

Affix the **FedEx airbill** and contact FedEx for shipping arrangements.

## CLINICAL SPECIMEN COLLECTION

Information Specimen Collection **Summary**

### Step 5 Clinical Specimen Collection Summary

#### Review Summary

#### BLOOD DRAW

Serum

CC08040333W

Edit

Verify the identification key on all containers is

## GMM

#### Specimen Packaging and Shipping

- Place the following in the biohazard bag: specimens in small pouch with absorbent pad in large pouch without absorbent pad. Seal biohazard bag.
- Refrigerate specimens until courier pick-up.
- Prior to pick-up, place biohazard bag with specimens inside foil pouch and seal foil pouch, if provided.

Review that the above information is correct.  
Select Finish to complete the event.

#### Packaging and shipping instructions for QuantiFERON Gold testing

1. Prior to refrigeration, blood drawn into a lithium-heparin tube must be held at room temperature (17-25 degrees C) between 15 minutes and 3 hours after collection.
2. Ship the lithium-heparin tube to the testing laboratory at 2-8 degrees C.
  1. Insert the tube inside the specimen bag.
  2. Place specimen bag inside Popup Box (labeled 'Exempt Human Specimen').
  3. Insert Popup Box and frozen cold pack into the Foil Insulated pouch.
  4. Place the Foil Insulated pouch into FedEx lab pack.
  5. Affix FedEx airbill and contact FedEx for shipping arrangements.

#### Notes:

- Blood drawn into a lithium-heparin tube for TB testing is stable (2-8 degrees C) for 16 to 48 hours prior to testing by the laboratory.
- Due to the shipping and stability issues with this test, samples should only be collected Monday-Friday. Ship same day as collection. Do not collect samples the day before a holiday.
- Cold packs and Foil Pouches will need to be placed in freezer at least overnight, prior to use, to allow adequate freeze time before shipping.

Back

Finish

If you would like a copy of the clinical report for your records, visit your [Complete/Search](#) page. Click on the completed event in the grid to open the event details.

Home

Pending List

Open Events (39)

Complete/Search

FMCSA Report

Billing

## Search completed events

Use the drop down menu to search completed events, upcoming events, donor IDs, location, etc.

Search where Donor ID Equal to

Search by date Date Collected From  15 days  30 days  60 days

View completed events (7 days)

Search

	FF Marketplace	Type	Authorization #	Donor ID		Donor Name	Collected	Status	Account #	Specimen ID	Account Name	Client Reference ID	Business Owner ID	Paid
<input type="checkbox"/>		CLN	64286117	****9MPD		devine, john	3/04/2022	OK	TEST.CMKT.REF1	CC08040305		formfoxqa_20210507		<input type="checkbox"/>
		DRG	64286117	****9MPD		devine, john	3/04/2022	OK	TEST.CMKT.REF1	CC08040305		formfoxqa_20210507		<input type="checkbox"/>

## CLINICAL SPECIMEN COLLECTION

Close

Report

**DO NOT** send a requisition form to CRL for clinical specimen collections.

Like CRL Non-DOT urine collections, a physical / printed CCF is not required to accompany clinical specimen collections sent to CRL.

Account Information  
Acct: TEST.CMKT.REF1



Identification key:

### Collection Site Information

Name: PJ Demo Account

Address 1: 1414 S Main St

Address 2:

City: Salt Lake City

State: UT

Zip: 84115-5314

Ph: 801-461-9627

Fx:

Collection Site Code: FF00092673

Collection Site Name: Pamela Jensik

### PATIENT INFORMATION

LAST NAME

Fox

DATE AND TIME LAST FOOD AND DRINK  
MO DAY YEAR HOUR MINUTE

06/22/2022 10:24 PM

FIRST NAME

Fred

PHONE

(801)461-9627

PATIENT I.D. OR SOCIAL SECURITY NUMBER

999999999

DATE AND TIME SPECIMEN WAS OBTAINED  
MO DAY YEAR HOUR MINUTE

06/22/2022 10:24 AM

PATIENT ADDRESS

123 De6mo Street

GEN

M F

Date of Birth

MO DAY YEAR

CITY

Salt Lake City

STATE

UT

ZIP CODE

84115

01/05/1992

Donor voluntarily consents to testing and laboratory analysis by CRL

### SPECIMEN TYPE SENT

REQUESTING PHYSICIAN

SE

Lithium Green Top

ADDRESS

CITY

ST

PHONE

FAX

NPI #

### DEPARTMENT OF HEALTH REPORTING - Information Required for Metals, Infectious Disease, Etc.

Race Multi-Racial

Employer Address Occupation

Ethnicity Non-Hispanic

Employer Address

### Tests To be performed:

P349

T103

T152

WU77

**THIS IS AN  
EXAMPLE  
DO NOT SEND A  
REQUISITION  
FORM FOR  
CLINICAL  
SPECIMEN  
COLLECTIONS TO  
THE LAB**

**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](mailto:marketplaceadmin@formfox.com) with the specimen ID.

The screenshot shows the FormFox Billing interface. On the left is a vertical navigation menu with buttons for Home, Pending List, Open Events (39), Complete/Search, FMCSA Report, and Billing. The Billing button is highlighted with an orange border. At the top right, there are three tabs: Services Paid for by FormFox Marketplace (highlighted with an orange border), Quest Preferred Collections, and Services I am Responsible to bill. Below the tabs, the main heading is "Services Paid for by FormFox Marketplace". Underneath, there is a search filter for "Date Collected" with a range from 02/02/2022 to 03/04/2022 and a Search button. Below the search filter is a table with the following data:

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	
****0027		3/02/2022	077-CMKT-REF1	050004400	

## Standard Clinical Collection Summary:

- Make sure you keep enough **supplies** on hand for Clinical Collections.
- If there are multiple tests requiring **serum** in the order, you will only need to collect **one tube (red top serum transfer tube) for all**.
- If there are multiple other clinical tests ordered (royal blue top, purple top, etc.) you will need to collect **one tube for each**.
- Label each tube with a **Clinical Label**. Include the letter (**W,X,Y,Z**) when registering the container.
- Write the **3-letter Identification Key** on each tube label.
- Package all Clinical specimens for the order together:  
**Specimen Bag > Pop-up Box > FedEx Lab Pack > Affix Airbill**
- **DO NOT** send a requisition form to CRL with clinical specimen collections.





If you need assistance with the clinical workflow process:

Call: 877-376-3691 opt 2

Email: [clinical@formfox.com](mailto:clinical@formfox.com)

If you have **Marketplace Billing** questions,  
please email the Specimen ID of the test event  
to [marketplaceadmin@formfox.com](mailto:marketplaceadmin@formfox.com).

