

Check out the top 4 new FormFox features coming in the November 8th release:

1- Enhanced DOT Lab Exam workflow:

DOT Physical Exam

Information History Weight & Vision Hearing BP & Pulse **Lab** Physical Exam Certification

LAB

Fields marked with an asterisk (*) are required.
Numerical Readings must be recorded.

Urine Specimen

Place Exam on Hold p

Urinalysis is required. Prote urine may be an indication out any underlying medical

Other Testing describe and

<1.000
1.000
1.005
1.010
1.015
1.020
1.025
1.030
>1.030

for testing

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sting to r

Negative
Trace
1+
2+
3+
4+

lab resu

Negative
Trace
1+
2+
3+
4+

ntered in

Negative
Trace
1+
2+
3+
4+

Glucose Meter Measurements (mg/dl)

section below.

The screenshot shows a 'DOT Physical Exam' form with a 'Lab' tab selected. The 'LAB' section contains a 'Urine Specimen' section with a checkbox for 'Place Exam on Hold' and a list of numerical values for urinalysis. There are three dropdown menus for selecting results: 'for testing', 'lab resu', and 'ntered in'. Each dropdown menu has options: 'Negative', 'Trace', '1+', '2+', '3+', and '4+'. A 'Glucose Meter Measurements (mg/dl)' field is also present. Red circles highlight the 'LAB' tab and the 'Lab' tab in the top navigation. Arrows point from the text below to the dropdown menus.

Responses to questions in the 'lab' portion of the Exam are now selected from drop down menus.

2- Support for the new diabetes rule:

DOT Physical Exam

Information

History

Fields marked with an asterisk (*) are required, after answering all the history questions please review and click "Submit".

Do you have or have you ever had:

Mark All No

Not			Not		
Yes	No	Sure	Yes	No	Sure
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
* 1. Head/Brain injuries or illnesses (e.g., concussion)			* 16. Dizziness, headaches, numbness tingling, or memory loss		
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
* 2. Seizures, epilepsy			* 17. Unexplained weight loss		
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
* 3. Eye problems (except glasses or contacts)			* 18. Stroke, mini-stroke (TIA), paralysis, or weakness		
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
* 4. Ear and/or hearing problems			* 19. Missing or limited use of arm, hand, finger, leg, foot, toe		
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
* 5. Heart disease, heart attack, bypass, or other heart problems			* 20. Neck or back problems		
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
* 6. Pacemaker, stents, implantable devices, or other heart procedures			* 21. Bone, muscle, joint, or nerve problems		
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
* 7. High blood pressure			* 22. Blood clots or bleeding problems		
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
* 8. High cholesterol			* 23. Cancer		
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
* 9. Chronic (long-term) cough, shortness of breath, or other breathing problems			* 24. Chronic (long-term) infection or other chronic diseases		
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
* 10. Lung disease (e.g., asthma)			* 25. Sleep disorders, pauses in breathing while asleep, daytime sleepiness, loud snoring		
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
* 11. Kidney problems, kidney stones, or pain/problems with urination			* 26. Have you ever had a sleep test (e.g., sleep apnea)?		
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
* 12. Stomach, liver, or digestive problems			* 27. Have you ever spent a night in the hospital?		
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
* 13. Diabetes or blood sugar problems			* 28. Have you ever had a broken bone?		
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
* Insulin used			* 29. Have you ever used or do you now use tobacco?		
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
* 14. Anxiety, depression, nervousness, other mental health problems			* 30. Do you currently drink alcohol?		
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
* 15. Fainting or passing out			* 31. Have you used an illegal substance within the past two years?		
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
			* 32. Have you ever failed a drug test or been dependent on an illegal substance?		

DOT exams now support the new diabetes rule. If insulin is used to manage diabetes, a driver can receive a DOT card for one year.



Use Your Favorites List

3 - Smart Favorites List:

Favorites List

Display Name	DOT	Account Number	Lab	Company Name
Critest		CrI.ffox.nontest	CRL	TEST193
TEST	Y	15076619	QUEST	DAWNS TEST COMPANY DOT
PAML Favorite Test		Y744	PAML	ABBYS AFFORDABLE TRUCK
critest2	Y	crI.ffox.dottest	CRL	DOT TEST ACCT

FormFox now automates the 'Favorites List' by noting which lab accounts your clinic uses the most. An account is added to the list after **4** uses in 90 days.

Current favorites stay on the list as long they were used 4 times in the last 90 days.

Search

[Update Account Display Names](#)

Close



Use Your Favorites List

3 - Smart Favorites List continued:

Smart Favorites List

Display Name	DOT	Account Number	Lab	Company Name
Critest		Crl.fox.nontest	CRL	TEST193
TEST	Y	15076619	QUEST	DAWNS TEST COMPANY DOT
PAML Favorite Test		Y744	PAML	ABBYS AFFORDABLE TRUCK
critest2	Y	crl.fox.dottest	CRL	DOT TEST ACCT

DETAILS

Display Name:

DOT

Account Number: Crl.fox.nontest

Laboratory: CRL

Company Name: TEST193

Close Save

Close

FormFox users can create 'Display Names' that make the most sense for their clinics.

FormFox will auto-populate the 'Company Name' with data received from the laboratories.

4- Billing Information included in orders:

Collection Step 4: Collector certification statement & CCF

Please specify the courier that will be used to transport the specimen(s) to the laboratory
If selecting "Other", enter the name here

Collector Signature

*** Custody and Control Form**
 Copy 1 Lab Copy
 Instructions and Privacy Act Statement

Additional Copies
 Copy 2 MRO Copy (FormFox will auto-fax Copy 2 to MRO.)
 Copy 3 Collector Copy
 Copy 4 Employer Copy

*** Select Donor Copy Delivery Options (Select all that apply).**
Donor Copy Print Email Text Message

PRINT

BILLING INFORMATION

FormFoxOrder and our API will allow employers and TPAs to pass billing information along with orders so clinics know who to bill.