

How to Complete a Blood Drug / Alcohol (PEth) Collection in FormFox



PEth Collections Workflow Table of Contents

- [Supply Ordering](#)
- [PEth Collection Kit](#)
- [Labeling](#)
- [Shipping](#)
- [Summary](#)



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.

Blood / Drug Alcohol – PEth Kits

Fill out and email a completed PEth Supply Order Form to toxorders@crlcorp.com

[Download PEth Supply Order Form](#)

FormFox Labels

Email the FormFox Implementation Team - training@formfox.com



FORMFOX MARKETPLACE BLOOD ALCOHOL - PETH SUPPLY ORDER

SEND TO: FORMFOX TEAM
EMAIL: TOXORDERS@CRLCORP.COM
Please visit the Fulfillment Center to order DOT and Non-DOT supplies:
[Fulfillment Center - Login \(crlcorp.com\)](#)

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>PEth Testing Supplies</i>	
	Tox Blood Alcohol Kit (includes shipping supplies)	KCBL-910004

Please allow 5-7 business days for order delivery

Email completed form to toxorders@crlcorp.com

PEth Collection Supplies



The PEth Kit Includes:

- (2) **Purple top** blood collection tubes
- Specimen bag with absorbent pad
- Non-alcohol prep pad
- FormFox label sheet
- General blood collection supplies
- Small specimen return box
- Small Clinical mailer bag
- Pre-printed shipping label



Blood Draw 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.



6 5 3 7 6 6 3 5

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

DONOR INFORMATION

FRED T. FOX
SSN: EmpID: ****JOPZ

EXAMPLE

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, 2025 EDT Eastern Standard Time

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
(116P) Blood Peth, Screen	Pre-Employment	RT7.PAPR

Do not write in services below.

EMPLOYER:

Test Company
110 Wall St.
New York, NY 1005

DER:

XYZ DER
877-376-3691

Collections will be pre-ordered.
Always ask the patient if they have an authorization form.

Please take note of the **BILLING** section. Authorization forms that have the Marketplace logo will automatically be paid by FormFox as long as you complete the services in FormFox. You do not need to send an invoice for these collections.

NOTE: PEth Collections are a type of Non-DOT Drug Test. Even though PEth collections involve a blood draw, they are not “clinical” collections.

All ordered services will be listed in this section. For clinical and PEth 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.

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 Option 1**.

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

Search

FF Marketplace	Type	Authorization #	Donor ID	Donor Name	Scheduled Date/Time	Account #	Account Name	DotTest	Status	
	DRG	59305765	2546	Bosman, Jeff		TEST.CMKT.REF1			Scheduled	Delete
	DRG	59481267	7101	Apol, Chad		TEST.CMKT.REF1			Pending	Delete
	ALC	59481267	7101	Apol, Chad		TEST.CMKT.REF1			Scheduled	Delete
	DRG	60402280	5667	Booth, Doug		RT7.PAPR			Scheduled	Delete

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

Begin a Blood Drug / Alcohol (PEth) order by clicking on the **Authorization Form or Mobile Device** icon.

The screenshot shows a software interface with a navigation menu on the left and three columns of options. The navigation menu includes: Home, Pending List, Open Events (38), Complete/Search, FMCSA Report, Billing, System, Reports, and Technical Help. The first column, titled "What did the patient bring in?", contains three options: "Authorization Form or Mobile Device" (highlighted with a red box and an arrow from the text box), "5 Part Paper Chain", and "Alcohol Test". The second column, titled "What do you want to do?", contains three options: "Lab Based Drug Test (Account Number)", "Alcohol Test", and "Alcohol Test". The third column, titled "Shortcuts", contains three options: "Use Your Account Book", "Use Your Favorites List", and "Use Your Favorites List".

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

Alcohol Test

What do you want to do?

Lab Based Drug Test (Account Number)

Alcohol Test

Alcohol Test

Shortcuts

Use Your Account Book

Use Your Favorites List

Use Your Favorites List

Scan/key in the authorization barcode. The ordered events will appear in the grid. 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.

This document will begin with the Blood Drug / Alcohol workflow. If you need assistance with other collections, review the documentation in the FormFox Training Center.

Home

Pending List

Open Events (38)

Complete/Search

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	john devine	****9MPD		Pending	TEST.CMKT.REF1				
CLN	john devine	****9MPD		Pending	TEST.CMKT.REF1				
CLN	john devine	****9MPD		Pending	TEST.CMKT.REF1				
DRG	John Q Test	****678P		Scheduled	PT7.PAPR				

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

Click on the test (DRG) to open/complete the Blood Drug / Alcohol workflow.

At the beginning of the 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 (or its respective designee) 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. 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 and my specimen may be used by CRL on an aggregated or de-identified basis for the purpose of benchmarking, research, and statistical analysis.

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.

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 collection, testing, and reporting of information described herein.

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 will not be able to receive these testing services.

Del

Donor Accepts Donor Declines

The PEth workflow has four tabs. Complete all the fields in the **Information** tab.

Step 2 will list the supplies needed. A printable list is available in this section as well. Make sure you have a FormFox label sheet with you during the collection.

NOTE: PEth collections require the use of a **Non-Alcohol Prep Pad** (included in test kit).

BLOODPETH

Account Number:

Information

Specimen Collection

Summary

Print and Ship

Step 1: Patient Information Blood

* First Name	M.I.	* Last Name	* DOB	* Age	Gender
<input type="text" value="John"/>	<input type="text" value="Q"/>	<input type="text" value="Test"/>	<input type="text" value="01/01/1990"/> 	<input type="text" value="34"/>	<input type="text" value=""/>
* Address	* City	* State	* Zip	* Phone	
<input type="text"/>	<input type="text"/>	<input type="text" value=""/>	<input type="text"/>	<input type="text"/>	

Step 2: Supplies Needed

Print list

The supplies needed for these procedures:

- Purple Top
- Adhesive Bandage
- Non-Alcohol Prep Pad
- Gauze Pad
- Latex Free Tourniquet
- Latex/ Powder Free Gloves
- Needle Holder
- Safety Needle
- 1 FormFox label sheet(s)

Suspend

Next

BLOODPETH

For this collection, two Purple top tubes are included in the kit. Make sure to collect and send BOTH TUBES to the lab.

Information

Specimen Collection

Summary

Print and Ship

Step 3 PERFORM COLLECTIONS



Use these labels and place letter over center of Tube top.



BLOOD DRAW

Purple Top

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

Collection: Lavender top (EDTA) tube (hematology testing)

- Mix tube thoroughly by gentle inversions eight (8) to ten (10) times immediately after blood is collected to prevent clotting.
- Avoid vigorous shaking to avoid hemolysis of cells.
- Do not centrifuge or transfer.
- Testing may not be able to be completed on tubes containing less than one (1) ml of blood.

Scan or enter barcode

Unable to Draw

Submit

Tube Instructions



Scan the barcode or key in the number on the **A and B Blood Drug / Alcohol Seals.**

Back

Suspend

BLOODPETH

Account Number: FZS.MRMS.MIHPRP

Information

Specimen Collection

Summary

Print and Ship

Step 3 PERFORM COLLECTIONS



Use these labels and place letter over center of Tube top.



Use both **A and B Blood Drug / Alcohol Seals**. One must go over the top of each sample tube, with the letter centered over the tube top. **Have donor date and initial both seals.**

Back

Suspend

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 workflow.

The screenshot displays a software interface for barcode scanning. At the top, a white box contains the text "Scan or enter barcode" above a text input field containing "CC18795050". Below this are two buttons: "Unable to Draw" and "Submit". The "Submit" button is highlighted with a green border and contains a blue checkmark icon. To the right is a "Tube Instructions" button. An orange arrow points from the "Unable to Draw" button to a dialog box titled "close / cancel". The dialog box contains the text "Selecting this option will close / cancel the event. Do you wish to Continue?" and two buttons at the bottom: "No" and "Yes".

BLOODPETH

Information

Specimen Collection

Summary

Print and Ship

Step 4 Clinical Specimen Collection Summary

Review Summary

BLOOD DRAW

Purple Top

CC18795050

Donor information

Name: John Test
Date Of Birth: 1/1/1990
ID: SSN 123456789
Phone:

Employer information

Test information

Reason for test:
Testing Authority:
Test panel: (116P) BLOOD PETH, SCREEN
Remarks:

CollectorSignature

Donor Certification Statement and Signature

Please confirm that all information is accurate, then click "Submit"

The **Summary** tab is where you can review the specimen IDs entered, confirm that all information is accurate, and collect signatures.

Back

Submit

- Information
- Specimen Collection
- Summary
- Print and Ship

Step 4 Clinical Specimen Collection Summary

Review Summary

BLOOD DRAW

Purple Top

CC18795050

Donor information

Name: John Test
Date Of Birth: 1/1/1990
ID: SSN 123456789
Phone:

Collect signatures for both the donor and collector. Press **Submit** to continue.

Test information

Reason for test:
Testing Authority:
Test panel: (116P) BLOOD PETH, SCREEN
Remarks:

CollectorSignature

Collector

Donor Certification Statement and Signature

Donor

Please confirm that all information is accurate, then click "Submit"

Back

Submit

BLOODPETH

Formfox Electronic Lab Copy

Information Specimen Collection Summary **Print and Ship**

* Select Courier

Please specify the courier that will be used to transport the specimen(s) to the laboratory
If selecting 'Other' enter the name of the Courier

FED-Ex ▼

For most states, no printed CCF will need to be sent with the specimen. The lab copy will be sent electronically to CRL.

Follow the Specimen Packaging and Shipping Instructions. See the next few slides for photos.

* Custody and Control Form

- Copy 1 Lab Copy (Lab Copy will be sent electronically)
- The Blood Alcohol Collection Instructions
- 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 / Send

Specimen Packaging and Shipping

- Place the following in the biohazard bag: Specimen in small pouch with absorbent pad.
- Place biohazard bag in box and close, i
- Place boxed specimen in Fedex Clinical Pak seal Clinical Pak and place Fedex shipping label in designated spot on the Pak.
- Refrigerate specimen until courier pick-up.

After specimen is packaged click "Finish" below to complete the blood draw.

BILLING INFORMATION

Back

Finish

(FormFox will auto-fax Copy 2 to MRO.)



BLOODPETH

Information Specimen Collection Summary **Print and Ship**

* Select Courier

Please specify the courier that will be used to transport the specimen(s) to the laboratory
If selecting 'Other' enter the name of the Courier

FED-Ex ▾

For clinics in TN, FL or HI:
Print the CCF and include with the specimen. Then, follow the Specimen Packaging and Shipping Instructions. See the next few slides for photos.

* Custody and Control Form

Copy 1 Lab Copy

The Blood Alcohol Collection Instructions Copy 3 Collector Copy

Additional Copies

Copy 2 MRO Copy (FormFox will auto-fax Copy 2 to MRO.)

Copy 4 Employer Copy

Select Donor Copy Delivery Options (Select all that apply).

Donor Copy Print Email Text Message

PRINT

Specimen Packaging and Shipping

- Place the following in the biohazard bag: Specimen in small pouch with absorbent pad. Place the CCF in large pouch without absorbent pad.
- Place biohazard bag in box and close.
- Place boxed specimen in Fedex Clinical Pak seal Clinical Pak and place Fedex shipping label in designated spot on the Pak.
- Refrigerate specimen until courier pick-up.

After specimen is packaged with the CCF click "Finish" below to complete the blood draw.

BILLING INFORMATION

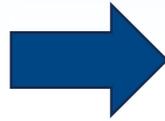
Back

Finish

(FormFox will auto-fax Copy 2 to MRO.)

Specimen Packaging and Shipping

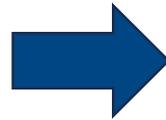
Place both purple top tubes in the small pouch with the absorbent pad.



Close and seal the bag. Place the biohazard bag with tubes into the enclosed CRL box.
Refrigerate specimen until time for courier pickup.

Specimen Packaging and Shipping

Place the box into the enclosed FedEx Clinical Pak and attach the pre-printed shipping label.



BLOODPETH

Formfox Electronic Lab Copy

Information Specimen Collection Summary **Print and Ship**

* Select Courier

Please specify the courier that will be used to transport the specimen(s) to the laboratory
If selecting 'Other' enter the name of the Courier

FED-Ex ▼

* Custody and Control Form

Copy 1 Lab Copy (Lab Copy will be sent electronically)

The Blood Alcohol Collection Instructions

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 / Send

Specimen Packaging and Shipping

- Place the following in the biohazard bag: Specimen in small pouch with absorbent pad.
- Place biohazard bag in box and close, i
- Place boxed specimen in Fedex Clinical Pak seal Clin
- Refrigerate specimen until courier pick-up.

After specimen is packaged click "Finish" below to complet

Once the specimen has been packaged for shipment, **Click Finish to complete the collection.**

BILLING INFORMATION

Back

Finish

(FormFox will auto-fax Copy 2 to MRO.)



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 with the specimen ID.



Simple. Secure. Fast.

User:

Site: CRL/FF Test Clinic Only- DO NOT USE

Log Out

Home

Pending List

Open Events (18)

Complete/Search

FMCSA Report

Billing

Services Paid for by FormFox Marketplace

Quest Preferred Collections

Services I am Responsible to bill

Services Paid for by FormFox Marketplace

Search Date Collected Range: From To

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		3/04/2022	TEST.CMKT.REF1	CC08040305	

MARKETPLACE MESSAGE BOARD

There are no new messages at this time.

PEth Collection Summary:

- Make sure you keep enough **supplies** on hand for PEth Collections.
- Use a **non-alcohol prep pad** for collection.
- For the PEth tests, you will collect **two purple top tubes**.
- Each tube will be sealed with a **Blood Drug / Alcohol Seal**.
- Have the **donor date and initial** each tube seal.
- Refrigerate tube until shipping.
- Carefully package and ship specimen.
 - 2 Tubes > Specimen Bag > Pop-up Box > FedEx Lab Pack
- **Do not send a printed CCF** to the lab unless the clinic is in a paperless exempt state (TN, HI, FL).

DISCARD REMAINING LABELS! DISCARD REMAINING LABELS!

NON-FEDERAL Urinal	formfox CENTER OVER CAP (A) NON-FEDERAL Urinal	formfox CENTER OVER CAP (B) NON-FEDERAL Urinal	formfox BLOOD DRUG / ALCOHOL SEAL (A)	formfox BLOOD DRUG / ALCOHOL SEAL (B)
NON-FEDERAL Urinal	formfox CENTER OVER CAP (A) NON-FEDERAL Urinal	formfox CENTER OVER CAP (B) NON-FEDERAL Urinal	formfox BLOOD DRUG / ALCOHOL SEAL (A)	formfox BLOOD DRUG / ALCOHOL SEAL (B)
FEDERAL Urinal	formfox CENTER OVER CAP (A) FEDERAL Urinal	formfox CENTER OVER CAP (B) FEDERAL Urinal	formfox BLOOD DRUG / ALCOHOL SEAL (A)	formfox BLOOD DRUG / ALCOHOL SEAL (B)
CLINICAL Urinal	formfox CENTER OVER CAP (A) CLINICAL Urinal	formfox CENTER OVER CAP (B) CLINICAL Urinal	formfox BLOOD DRUG / ALCOHOL SEAL (A)	formfox BLOOD DRUG / ALCOHOL SEAL (B)

Version 1.4 Revised 2014 15 ML XXXXX200





If you need assistance with the Blood Drug / Alcohol workflow process:

877-376-3691 Option 2

training@formfox.com

If you have **Marketplace Billing** questions,
please email the Specimen ID of the test event to

marketplacebilling@formfox.com

