

connecting safety, health, and wellbeing – chapter one $MyeScreen^{TM}$ for Employees

11 | July | 23

Abbott

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MYESCREEN™ FOR EMPLOYERS

Logging in to <u>www.myescreen.com</u>

- You will be asked to enter your username.
 - Your username is your government issued email.
- The system will then redirect you to Login.gov for authentication.
- Once in the login.gov environment you will authenticate via your preferred method of login.
 - Email and password
 - Cell phone number
 - PIV/CAC card
 - Authenticator application
- After authenticating in Login.gov the system will redirect back to your account on myescreen.com.





Scheduling

SELECT – SCHEDULE AN EVENT

- Generates an eScreen ePassport® test scheduling document
 - The ePassport can be edited prior to it being scanned at the clinic
- You can also do bulk event scheduling

| Ē | SCHEDULING | ^ |
|---|-----------------------|---|
| | SCHEDULE AN EVENT | |
| | FIND/EDIT EVENT | |
| | BULK EVENT SCHEDULING | |

SCHEDULE AN EVENT

- Click View All to see a list of accounts
- Click on account name to schedule

| Name: SEARCH VIEW ALL | Account: All | |
|----------------------------|-----------------|-------------------|
| CLIENT NAME | ACCOUNT# | LOCATION |
| eScreen Scheduling Default | 100660-0 | OVERLAND PARK, KS |
| eScreen Training Default | 100660-1 | Overland Park, KS |

(DOT/HHS) TESTING

- Choose test reason by marking the corresponding radio button
- For DOT/HHS testing, a regulation must be marked, **Regulation descriptions**:
 - FMCSA—Federal Motor Carrier Safety Admin/CDL License Holders
 - FAA-Federal Aviation Admin
 - FTA-Federal Transit Admin/Mass Transit
 - PHMSA—Pipeline and Hazardous Material Safety Admin
 - FRA-Federal Railroad Admin
 - USCG-US Coast Guard
 - HHS Health & Human Services
- Then enter donor demographics
- Click Next

○ Random

| O Pre-employment | | |
|------------------|--|--|
| 0.5 | | |

Promotion
 Return to Duty

ODiversion

O Periodic Medical

TYPE OF TEST - DRUG TESTING

O Post Accident

REASON FOR TEST - DRUG TESTING

| DOT/FEDERAL TESTS | | | |
|---|---------------------------|--|--|
| DOT urine collection DOT Breath alcoho | n for drug test I test | | |
| Please select a Regula | ation | | |
| ⊖ FAA | | | |
| ○ FRA | ◯ FTA | | |
| HHS | ○ PHMSA | | |
| Ouscg | | | |
| | | | |

DONOR

| * Indicates Required | Field |
|----------------------|-------|
|----------------------|-------|

| First Name* | Day Phone |
|------------------------|-----------------|
| Middle Name | Evening Phone |
| Last Name* | Email Address |
| Social Security Number | Donor ID None 🗸 |

SEARCHING FOR A CLINIC

- Search by city, state, distance, or postal code
- Click **Search** to view clinics that provide services
 - Click on 'Show Details' to view clinic address, phone, hours of operation and attributes.
 - Click the clinic name on chosen clinic

| SELECT CLINIC | | | | ВАСК |
|---|---|---|----------------|----------------|
| Address Postal Code Distance 23236 5 Miles SEARCH SHOW DEFAULT CLINICS | | City | State/Province | v |
| MedExpress-Midlothian © Drug: In Network Tier 1 | | | | Hide Details 🔨 |
| Orage Electronic citatin, energier 2 mile from center \$ Walk-In allowed Address 11603 Midlothian Turnpike, Midlothian, VA, 23113 Phone 804-378-3739 | Hours Mon: Closed Tues: 8:00 AM - 8:00 PM Wed: 8:00 AM - 8:00 PM Thur: 8:00 AM - 8:00 PM Fri: 8:00 AM - 8:00 PM Sat: Closed Sun: Closed | Clinic Attributes • Has eScreen 123 • Observed Collections • Physicals Performed by MD/DO • Physicals Performed by NP/PA • Workers' Comp | | |

SEARCHING FOR A CLINIC

- If no clinic is displayed in your initial search please select the Request Follow-up option in the upper right corner. This will then place the request with our scheduling team to locate a clinic, ship a paper ccf and contact the donor
- This option was previously referred to as a Pembrooke Scheduled event.

| SELECT CLINIC | | BACK REQUEST FOLLOW-UP |
|---|------|------------------------|
| Address Postal Code Distance SEARCH SHOW DEFAULT CLINICS | City | State/Province |
| DOI - IBC Collection Room S Drug: Client Installed ✓ Drug: Electronic Chain, eReader O mile from center \$ Walk-in allowed | | Show Details 🗸 |

MYESCREEN FOR EMPLOYERS Scheduling- Clinic Classifications

KEY CODES

| | Equipped with eReader electronic screening system. Donor is only required to bring the ePassport for non-DOT drug test. |
|------------|--|
| (\$ | Same as Installed but at a slightly higher cost. |
| | Contracted to do lab based collections only. Donor is required to bring ePassport and a COC form for both non-DOT and DOT drug tests. |
| Θ | Software-only clinics, Quest and LabCorp Patient Serivce Center (PSC). Drug testing on an eCCF, lab-based only (no instant testing). |
| \$ | Not contracted and out of network pricing. Donor is required to bring ePassport and a COC form for both non-DOT and DOT drug tests. |
| | Same as Installed, but out-of-network pricing. |
| \bigcirc | All of the above classifications refer to drug testing only. The Health-eScreen classifications is either in-network or out of network. The clinic search screen includes a column for Health eScreen Tier and will list is as either "IN" or "OUT". |
| | Clinic can do electronic DOT/NDOT physicals or paper ones. Same rules apply as for Health-eScreen. |

- **Configuration:** Defaults on every account (start time is current time)
- Hours type: Determines the time the donor has to take test, ex: 2 business days
 - "Donor is allowed to take test up to 7 days after the test time has expired" means the donor has an additional 7 actual days to take the test. (This info is not printed on the ePassport® test scheduling document)
 - "Do not display expiration time on the ePassport document", means "Proceed immediately to the clinic"
- **Notifications:** Set up notifications to send to employer regarding scheduled test
 - More than one email address can be entered at a time
- Scheduler contact information: Pre-populates the name of the scheduler
 - Additional notes are optional
- Click **Confirm Scheduled Event**. (This page can be pre-populated)

| ressing "Confirm Scheduled Event", you are s | cheduling this event. | BACK | CONFIRM SCHEDULED E |
|--|---|-------------------------|------------------------|
| CONFIGURATION (a) Immediate (Start time is current time.) (b) Interpret time start time is current time.) | | | |
| HOURS TYPE: | | | |
| Immediate | | | |
| Donor has 3 Business Days 🗸 (Cl |) to complete test. | | |
| □ Donor is allowed to take test up to 7 days □ Do not display expiration time on the ePas | after the test time has expired. seport. | | |
| | | | |
| NOTIFICATIONS: | | | |
| ☐ Send Emaîl when donor has completed th ☐ Send Emaîl if the donor fulls to take test b ☐ Send Emaîl notification 4 hours before set | e event. y the event time. neduled event expires. | | |
| Email Address: | | | |
| john.doegeclient.com | | | |
| Note: To email multiple recipients, separate | email addresses with a semi colon. | | |
| SCHEDULER CONTACT INFO Flasse enter the contact information in case Contact First Name | the donor has questions. | | |
| ana a | | | |
| Contact Last Name | | | |
| | | | |
| Contact Phone | | | |
| | ndu - J hav Jam A | | |
| Li Opservez couection requested (where per | mitted by iaw) | | |
| | | | |
| ADDITIONAL NOTES FOR ePA | SSPORT | | |
| | | iting a sligit for some | To see here an address |

PRINTING THE EPASSPORT® TEST SCHEDULING DOCUMENT

- The ePassport[®] test scheduling document can be emailed to multiple people or printed and handed to the donor.
- After you have chosen which option, click **Done**.



ePassport[®] Scan this barcode into eScreen123® Test Scheduling Document AT4163709412 Instructions for John Doe You are required to take a photo ID. This order must be completed by: this ePassport, and all documents with which it printed. 1/20/2021 4:13 PM (CT) If you are under 18, a parent or legal Note: Completion time displayed does not mean that guardian may be required in order for the service provider is open until the time shown. services to be performed. Verify with the service provider before arriving. Please proceed to the following location: Test Clinic 1234 Street City, State Zip DON'T FORGET to complete your health history online form before you Phone: 123-456-7890 Fax: 123-456-7890 arrive for your physical by visiting https://www.escreengo. Note: Please call service provider for operational hours and to schedule com/HealthHistory an appointment or visit the service provider's website for hours of operation. Additional Notes: During the COVID 19 pandemic, we recommend wearing masks when visiting a clinic for services. If you have questions regarding measures being taken at the facility, please call the clinic. Instructions for Service Provider Providers with eScreen123 must scan ePassport into eScreen123. Use eScreen Scheduled Event Account. Bill services to: eScreen, Inc., PO Box 25902, Regulation: NON-DOT Overland Park, KS 66225 Reason for Test: Pre-employment Services(1): 1. Urine Collection - 35105N - QD - 5 panel NDOT STANDARD (35105M) Account: 100660-1 eScreen Training Default Reason for Service: New Certification Account Type: National Account Services(1): 1. Non-DOT Physical Participant ID: escreen © 2019 Abbott. All rights reserved. All trademarks referenced are trademarks of either the Abbott group of companies or their respective

MYESCREEN FOR EMPLOYERS Find/Edit A Scheduled Event

FIND/EDIT EVENT

- Click on Scheduling
- Click on Find/Edit Event
- Enter the last name, SSN or the confirmation # (AI# on ePassport) **Click Search**
- When donor name appears, click on the name

| SCHEDULED E | VENTS | | | | | | |
|---------------------|----------------|-----------------------|-----------|-------------|--------------------------|--------------------------|--|
| First Name: John | | Last Name: Doe | | | | | |
| SSN: | | Donor ID: | | | | | |
| Confirmation #: | | Barcode #: | | | | | |
| Start Date: | Start Date: | | ind Date: | | | | |
| Account: | Account: | | ~ | | | | |
| SEARCH | | | | | | | |
| NAME | CONFIRMATION # | TEST | STATUS | CLINIC NAME | START DATE TIME | END DATE TIME | |
| Doe, John | AI41637094LZ | Non-DOT Physical | Scheduled | Aculas | 1/17/2021 4:13:35 PM CST | 1/20/2021 4:13:00 PM CST | |
| | | NON-DOT Collection | Scheduled | | 1/17/2021 4:13:35 PM CST | | |

MYESCREEN FOR EMPLOYERS Find/Edit A Scheduled Event

SCHEDULED EVENT INFORMATION

- Edit event: complete all steps and click Confirm Scheduled Event for changes to occur.
- **Reprint:** the ePassport test scheduling document
- **Copy event:** rapid scheduling for the same services for multiple employees.
- Cancel event

EVENT DETAILS

Client: éternen Traineing Dofault Donor Namee JohanDoe Social Socurity Number: 1194-56-789 Donor ID: Date Of Hitch: 11/11/0990 MM/DD/YTYY Day Phone: Evening Phone: Cost Center / Job Code:

SCHEDULED SERVICE/STATUS:

Non-DOT Reason for Drug Test: Pre-employment NON DOT urine collection Scheduled Panel ID: 351637 Panel Description: Qo - 5 panel NDOT STANDARD (35105N)

SCHEDULED TEST/STATUS

Reason for Medical Service New Certification Non-DOT Physical Scheduled

CONFIGURATION:

Do not display explication time on the ePassport.
Donor is allowed to take test up to 7 days after the test time has expired.

Notifications: Send small When Donor has completed the event. Send Email in the donor fails to take the test by the event time. Send Email notification 4 hours before scheduled ovent expires.

E-MAIL ADDRESS

john.doe@client.com

Dobserved collection requested (where permitted by law)

| ADDITIONAL NO | TES FOR EPASSPORT: | | | | |
|--|--|----------------------|-------------------|--------------|------|
| During the COWID 19 per when visiting a clinic for regarding measures bein linic. | ademic, we recommend wearing, a services. If you have questions g taken at the facility, please call t | he | | | |
| COPY EVENT | BACK TO SEARCH | EDIT SCHEDULED EVENT | REPRINT EPASSPORT | CANCEL EVENT | DONE |

Clinie:

66011

Aculas V

Clinic Type:

Clinic Address:

6304 College Blvd

Overland Park, KS

Clinic Phone #:

Expiration Date: 1/20/2021 MM/DD/YYYY 04:13 PM (CT)

019-340-0000

Start Date:

- Installed - Health-eScreen - IN

1/17/2021 MM/DD/YYYY 04:13 PM (CT)

Bulk Event Scheduling

This feature allows scheduling of multiple individuals for employment screening events with similar parameters.

- Ideal for large on-boarding projects
- The sample template is only template accepted for bulk scheduling
- It is not necessary to complete all of the columns on the template
 - Only complete fields required by your organization.

| | SCREEN TRAINING DEFAULT | BACK VIEW DOCUME |
|--|--|------------------|
| UPLOAD SPREADSHEET | | |
| This feature will allow the user to schedule multiple indi This is ideal for larger on-boarding projects. | lividuals for employment screening events with same or similar parameters. | |
| If you have already created a spreadsheet from the samp Document must be .csv format. | ple template below, click on "Browse" to locate your spreadsheet. | |
| Bro | owse | |
| First Row Contains Headings | | |
| Document Title (optional) | | |
| mi - rs | | |
| UPLOAD | | |
| | | |
| DOWNLOAD SPREADSHEET TEMPLAT If you have not created a spreadsheet, please dick on "D | TE Jownload" to download the sample template. | |
| DOWNLOAD SPREADSHEET TEMPLAT If you have not created a spreadsheet, please click on "D DOWNLOAD | TE Download" to download the sample template. | |

SAMPLE TEMPLATE

- Click Browse
- Mark the box titled
 First Row Contains Headings
- Click Upload
- Click View Documents
- Click Schedule



UPLOADED DOCUMENT

- Only complete the fields required by your organization
- Complete the event for the first donor. The remaining donors will have the same information copied to their events.
- Confirmation number will be displayed once scheduling is complete
- Click **Schedule** and donor information will pre-populate
- Choose reason for test and type of test
- Choose the clinic and determine number of days to complete the test
- Click Confirm Scheduled Event.

| | | | | | | | | | | | | E | XPORT TO FILE |
|----------------|---------------|----------------|--------------|------------------|--------------|------------------|------------------|-----|-------------|------------------|---------------------|----------|---------------|
| ITEM NUMBER | FIRST NAME | MIDDLE NAME | last Name | DATE OF BIRTH | DAY PHONE | EVENING PHONE | EMAIL ADDRESS | SSN | DONOR ID | DONOR ID TYPE | CONFIRMATION NUMBER | | |
| 1 | Name | | Donor1 | 01-01-1960 | | | | | | | | SCHEDULE | REMOVE |
| 2 | Name | | Donor12 | 01-01-1958 | | | | | | | | SCHEDULE | REMOVE |
| 3 | Name | | Donor3 | 01-01-1956 | | | | | | | | SCHEDULE | REMOVE |
| 4 | Name | | Donor4 | 01-01-1959 | | | | | | | | SCHEDULE | REMOVE |

PRINT THE EPASSPORT TEST SCHEDULING DOCUMENT

- Print or email the ePassport scheduling document
- Click Next Event located at top of page
- Schedule next person on the list

| PRIN | IT eP | ASSF | PORI | Γ | | | | | | | | | |
|------------------------|---|--|---|--|-------------------------------------|------------------|------------------|-----|---------------------|------------------------|-------------------------------|---------------------|------------------|
| ePA Ema | SSPOI | RT NOT | IFICAT | ION OP | TIONS | | | | INSTRU Option 1: | UCTION Print out th | S is sheet and send | with the participan | t to the clinic. |
| | | | | | | | | | Option 2: | Email the e | Passport to the pa | rticipant. | |
| Note with | e: To ema a semicol ould you | il multiple on. like to seno | recipient | s, separate es | mail addre | sses ? | | | NEXT | EVENT | DONE | | |
| Note parti instr | : If you se cipant, th ucting the | elect the op e participa em to click | tion to te int will red a link to o | xt the ePassp ceive a text n open their eP | oort to the nessage Passport. | | | | | | | | |
| S | END | | | | | | | | | | | | |
| | | | | | | | | | | | | EX | PORT TO FILE |
| ITEM NUMBER | FIRST NAME | MIDDLE NAME | LAST NAME | DATE OF BIRTH | DAY PHONE | EVENING PHONE | email Address | SSN | DONOR ID | DONOR ID TYPE | CONFIRMATION NUMBER | | |
| 1 | Name | | Donor1 | 01-01-1960 | | | | | | | Al416371997Q | SCHEDULE | REMOVE |
| 2 | Name | | Donor12 | 01-01-1958 | | | | | | | | SCHEDULE | REMOVE |
| 3 | Name | | Donor3 | 01-01-1956 | | | | | | | | SCHEDULE | REMOVE |
| 4 | Name | | Donor4 | 01-01-1959 | | | | | | | | SCHEDULE | REMOVE |

The most current results can be located by clicking on **Inbox**. If a result is not in the Inbox, look under **Reports/Find Results**.



DRUG INBOX RESULTS

• Select 'Drug Tests' to view all recent collections that are both pending and reported. Specimen result certificates are viewable for any results with a final disposition such as Negative, Positive, etc. and will appear in blue coloring.

Ex: Field, Diana

• If the test result says Sent to Lab, Received at Lab or In Process with MRO and it's been longer than normal, please reach out to the Customer Service team at 800-733-1676 so they can perform further research.



| DONOR NAME | coc | TEST REASON | CLIENT | TEST | COLLECTION DATE/TIME | TEST RESULT | NOTES |
|------------------|------------|--------------------|----------------------------------|--------|-------------------------|------------------------------|-------|
| Donor 1, Test | A567890 | Post Accident | eScreen Scheduling Default | PSYCHE | 1/15/2021 1:00:00 PM | IN PROCESS WITH MRO | |
| Donor 2, Test | 1234564789 | Pre- employment | eScreen Scheduling Default | ALERE | 1/26/2021 9:36:43 AM | SENT TO LAB | |
| Donor 3, Test | 7890123456 | Pre- employment | eScreen Scheduling Default | ALERE | 2/5/2021 2:15:01 PM | SENT TO LAB | |

MYESCREEN FOR EMPLOYERS

Results

DRUG TEST RESULT STATUSES

| | Result Statuses/Dispositions |
|-----------------------|---|
| Cancelled | Test <u>not</u> performed. View the result certificate for the reason why; a recollection may be required. Any instructions from the MRO may also be listed on the bottom of the result certificate. <u>Common cancellation reasons are:</u> Lost in Transit—Specimen did not arrive at the lab Specimen ID Number Mismatch or Missing—The CCF# did not match the # on the security seal. Urine Security Seal Unacceptable for Forensic Testing—Incorrect security seal on specimen. No Collector printed name and/or signature—The collector failed to print and sign their name. Insufficient Quantity—The specimen leaked in transit or not enough was collected initially. |
| Cancelled No CCF | (Applies to Federal only) The result reported to MRO but a copy of the CCF was not received. |
| In Process with MRO | Action required by the MRO which may require communication with donor, pharmacy, clinic or laboratory prior to releasing a result. |
| Negative | The result has a confirmed negative disposition. |
| Pending CCF | A copy of the chain of custody form is required before releasing result. |
| Policy Violation | The donor has previous positive or Refusal to Test Record and has tested again prior to the required wait period. (i.e., A company's policy dictates that an applicant who tests positive may not re-apply for 6 months. If they test again prior to 6 months the result is flagged as a "Policy Violation". Policy Violations may be overturned by authorized contacts. |
| Positive | The result has a confirmed positive disposition by the MRO—the specimen tested positive and the donor could not provide relevant prescription information. |
| Positive UTCD | Substance detected but MRO was unable to contact the donor. (UTCD=Unable To Contact Donor) |
| Received at Lab | Specimen was received & checked in at the lab. Normal turnaround time is 6-72 hrs once received at lab. |
| Refusal To Test (RTT) | The donor began the testing process but left the clinic prior to completing it. |
| | The specimen is being shipped to the laboratory for testing. Keep in mind if the time |
| Sent to Lab | of collection was late in the afternoon or on the weekend the specimen may not |
| Sent to Lab | actually ship out until the next business day! |

Description of the second seco

RESULTS CERTIFICATE

Client information, the clinic where the specimen was collected and the MRO information.

Donor's info and ID Number is also known as the Chain of Custody # or Specimen ID #.

Names of drugs tested, result and cutoff information.

Final Result

MRO remarks

@screen Specimen Result Certificate

| | 31231313131313131 | | Repo | rt printed on | 2/15/2021 1 | 1:05:46 A | M Pa | ige 1 of 1 |
|---|---|--|--|---|---|---|-------------------------------------|--|
| Attention: Client Services | | | , | Verification Da | te 11/2 | 2020 11 | :35 AM | |
| eScreen Scheduling Default PO BOX 25002 OVERLAND PARK, KS 66225 Collection Site: 12 - Test Clinic Reader v2 | | | | Medical Revie Dr. Name 8140 Ward Pa Kansas City, N 888-382-2281 | w Officer: rkway Ste 275 1O 64114 | | | |
| Donor Name: Date Of Test: ID Number: | CostCenter, Tra 11/2/2020 1231231313131 | ining 3131 | | Do Do Re | nor SSN: nor ID: ason for Test: | XXX-X | XX-9999 mployment | |
| | | | | Re | egulation: ecimen Type: | Non-E Urine | тоот | |
| Drugs Tested: | | | | | | | | |
| Drug Name | Result | Laboratory Screening Cutoff * | Laboratory Confirmation Cutoff * | Drug Name | | Result | Laboratory Screening Cutoff * | Laboratory Confirmation Cutoff * |
| Marijuana | Negative | 50 ng/mL | 15 ng/mL | PCP | | Negative | 25 ng/mL | 25 ng/mL |
| Cocaine | Negative | 300 ng/mL | 150 ng/mL | Barbiturates | | Negative | 300 ng/mL | 300 ng/mL |
| Amphetamines | Negative | 1000 ng/mL | 500 ng/mL | Benzodiazepin | es | Negative | 300 ng/mL | 300 ng/mL |
| Opiates | Negative | 300 ng/mL | 300 ng/mL | Methadone | | Negative | 300 ng/mL | 300 ng/mL |
| Final Result D | isposition: Ne | aative | | | | | | |
| | | - | | | | | | |
| | | | | | | | | |
| TO BE COMPLETE | ED BY THE MEDICAL | REVIEW OFFR | CER accordance with app | icable Federal requirem | erta. Ny determination/ | effication is | | |
| TO BE COMPLETE | ED BY THE MEDICAL By realls to the spectrum of Post | REVIEW OFFIC wither by this form in wither | CER accordence with appl Tes | icable Federal requirem It Cancelled | Adulterated | effication is usual to test Sube | because obuted | |
| TO BE COMPLETE These invested to Board Distance Distance REMARKS: Dr. FirstName Las | ED BY THE MEDICAL By multiplic to the space of the Post | REVIEW OFFI without by this form in without Dr. 1 | CER Tes FirstNexe LestNex | itable Federal requirem | Adulterated | vertication is: fusual to test Subs | because vibuted | |

MOVING SPECIMEN RESULT CERTIFICATE OUT OF INBOX

After reviewing the Specimen Result Certificate, to remove it from the Inbox, click **Done**. The result is still available but now click on Drug Test Reports/Find Result. If unable to locate a result in the Inbox or under Drug Test Reports, please contact our Customer Service department at 800-881-0722, option 5 for assistance. You may also either **print** or **save** a copy of this certificate.



DRUG TEST RESULTS

To locate a result that is no longer in the Inbox, click on **Find Result** and enter donor name, chain of custody number, or confirmation number then click **Search.** You can filter your search by account, reason for test, timeframe, etc. Results are available for up to two years in this system. Customer Service does have the access to view archived results.

| @screen" | | | | | | | |
|--|--|--------------------------------|--------------------------------|--|-------------|--|---------------|
| MYeSCREEN | FIND RESULTS | | | | | | |
| NBOX ^ | Default fields have been pop | pulated, you may enter additic | nal search criteria to further | refine search results. | | | |
| DRUCTESTS O POSTIME I NECKAINE O OTHER 2 PENDING 3 NINYTOTAL HEALSH-ACCREMISIONCES 2 CANCELIED 3 COMMETED 0 PASTIDUE 2 NOSISOW 0 PRODING | Donor First Name test Confirmation # Social Security Number | Chain o Status All | Last Name ∮ Custody # | Client Account 100660 Filter Service Type B All Drug Test Reason fo All | y r Test | Client Name Service Date 1/23/2021 - 2/22/20 Occupational Health Reaso All | Name Contains |
| 0 SCHEDULED 7 TOTAL | SEARCH | | | | | | |
| MESSAGING | | | | | | | |
| | DONOR NAME | SSN / DONOR ID | CONFIRMATION NUMBER | CLIENTNAME | REASON | COC | SERVICES |
| FIND RESULTS | Tester, Test | XXX-XX-8888 | | eScreen Scheduling Default | Pre-emp | 1234564789 | ALERE |

DRUG TEST RESULT OPTIONS

Summary Report

• Summary of everything that has been scheduled or has reported back to you during any given time period.

Turnaround Time

• Shows average turnaround time from when the specimen was collected to when it was reported to you by the MRO.

DOT MIS

• This report can be used if you are being audited by the DOT.

Statistics

• Broken down by category

Positive Only

(All reports can be sorted by different measures and date ranges, once you have selected everything, click Run to generate the report.)

| M | YeSCREEN | |
|-----|---------------------------|--------|
| ۵ | HOME | |
| ¢ | INBOX | \sim |
| Ę | MESSAGING | |
| ,lı | REPORTS | ^ |
| | FIND RESULTS | |
| | DRUG TEST SUMMARY REPORT | |
| | DRUG TEST TURNAROUND TIME | |
| | DRUG TEST DOT MIS | |
| | DRUG TEST STATISTICS | |

USER MANAGER—ADDING A NEW USERS

- To add a new user to myescreen.com,
 - Click Administration/User Manager
 - Click Add
- Provide required information, click **Save**

| USER MANAGER | | | | |
|--------------|---|------------------------------|-------------|-----|
| User Name | Client Account Client Internal Account # 100660 - | User Status Active SEARCH | VIEW ALL | |
| USERS | | | | ADD |
| USER NAME | CLIENT ACCOUNT | FULL NAME | USER STATUS | |

| SER MANAGER | |
|--|---|
| ER SERVICES NOTIFICATION | IS SAVE CANCIL |
| User Name | |
| JDoe | |
| ✔ Account Enabled | |
| Client Account: 100660- 0 | |
| Password | |
| ****** | |
| Re-Type Password | |
| ****** | |
| Note: Passwords must be between Password Hint | 8 and 15 characters with 1 uppercase letter, 1 lowercase letter, and 1 number or special character. |
| Temp Pass | |
| Note: Password hint is an optional | reminder that only has meaning to you. It should NOT give away your password! |
| First Name | |
| John | |
| Last Name | |
| Doe | |
| Phone Number (816) 555 - 1234 | |
| Email Address | |
| john.doe@email.com | SEND VALIDATION EMAIL |
| Confirm Email | |
| john.doe@email.com | |
| | |

ADDING ADMINISTRATION SERVICES FOR A USER

- To control what services the user can access
 - Click Services tab, select or unselect boxes
 - Click Save, notifications can be selected by clicking on the Notifications tab and marking the appropriate boxes

| ISER | SERVICES | NOTIFICATIONS SAVE CANCEL | L |
|-------------|---|--|---|
| Use | er Name | | |
| You To 1 | i can receive er receive notifica | mail or text notifications when there are new results available. ations, please select from the application() below. | |
| 2 | dyeScreen.com | n | |
| | Email Address mark.schro | RESEND VALIDATION EMAIL | |
| 5 | Select the se would like to | rvice type(s) for which you 🔥 Your email has not been verified to receive notifications: | |
| E | ✔ Drug Test R | tesults | |
| | | | |
| | dyeScreen Mo | bûle App | |
| : | Select the se | rvice type(s) for which you would like to receive notifications: | |
| [| Drug Test R | lesults | |
| E | By checking ✓ message no Privacy Poli | this box, you are consenting to receive notifications for completed results via text message or email. If you chose text tifications, message and data rates may apply. Prequency will vary. For further information please visit the MyeScreen (or and Terms of Use looted on the MyeScreen loopn page. | |

| ER SERVICES NOTIFICATIONS | SAVE | CANC |
|-----------------------------|------|------|
| INBOX | | |
| ☑ Inbox Enabled | | |
| | | |
| CLINIC LOCATOR | | |
| Clinic Locator Enabled | | |
| | | |
| REPORTS | | |
| ☑ Find Results | | |
| 🗹 Drug Test Turnaround Time | | |
| ☑ Drug Test Statistics | | |
| 🗹 Drug Test Summary Report | | |
| Drug Test DOT MIS | | |
| ☑ Drug Test Positive Only | | |
| | | |
| MESSAGING | | |
| ADMINISTRATION | | |
| Administration Enabled | | |
| 🗹 User Manager | | |
| 🗹 User Defaults | | |

DISABLING AN ACTIVE USER

To disable an active username in the myeScreen software system

- Click Administration/User Manager
- Click Name
- Unmark the box that says Account Enabled
- Click Save

| USER MANAGER | |
|------------------------------|------|
| USER SERVICES NOTIFICATIONS | SAVE |
| User Name Client | |
| Account Enabled | |
| Client Account: 100660- 0 | |

| USER | 25 | | | ADD |
|------|-----------|----------------|--------------------------|-------------|
| U | ISER NAME | CLIENT ACCOUNT | FULLNAME | USER STATUS |
| c | lient | 123456-1 | Client Services, eScreen | Active |
| te | estclient | 123456-2 | molina, cris | In-Active |

Supply Orders

ORDER SUPPLIES

- Click on Order Supplies and then Place Order
- Select the account you wish to place the order for. If you have access to multiple accounts, select
 View All to see all the accounts you have access to and make your selection

| ORDER SUPPLIES | ^ |
|----------------|---|
| ORDER HISTORY | |
| PLACE ORDER | |

| SELECT CLIENT | | |
|---------------|----------------------|-----------------|
| Name: | Account: 100660 - | SEARCH VIEW ALL |

PLACE ORDER

• Enter the quantity (Note: if the measure is one and no quantity listed in the description, these are single items instead of bulk), click **Submit**.

| Instructions: Enter t | the quantity desired and clic | k submit to begin the ordering process. | VENDOR |
|-----------------------|-------------------------------|---|--------|
| QUANIII | PRODUCTID | DESCRIPTION | VENDOR |
| | 202 | escreen ePass Non DOT COC Form | Alere |
| | 197 | DOT Federal COC Form | Alere |
| SUBMIT | > | | |

PLACE ORDER: SHIPPING

Verify the shipping address is correct and make note that PO Boxes are not valid shipping addresses. Everything goes out via FedEx.

• Click **Next** when and/or if changes are made.

PLACE ORDER: CONFIRM SHIPPING

- Verify quantity and description are correct.
- If need to make changes, click on **Re-Select Items**.
- If everything is correct, click on **Submit Order**.

| Shipping | g Method: | | | | | | Contact: | |
|-------------------------------------|--|--|---|-----------------|------------------------|-----------------|--------------------------|---|
| Ground | 0 | | | | | | | |
| Address 8140 War | i 1: rd Parkway | | | | | | Ship-To Name: eScreen | |
| Address Ste 300 | 2: | | | | | | Phone: 8008810722 | |
| City: Kansas Ci | ity | | | | | | PO #: | |
| State: MO | | | | | | | | |
| Zip: 64114 | | | | | | | | |
| | | | | | | | | |
| oSamoon a | unnlise chin un FodFr. Otho | r vondore may uso altorna | to chinning methods | | | | | |
| eScreen si | upplies ship via FedEx. Othe | r vendors may use alterna | te shipping methods. | | | | | |
| eScreen st | upplies ship via FedEx. Othe | r vendors may use alterna | te shipping methods. | | | | | |
| eScreen s | upplies ship via FedEx. Other | r vendors may use alterna | te shipping methods. | | | | | |
| eScreen st ORDER EDIT | upplies ship via FedEx. Othe R DETAILS PRODUCT ID | r vendors may use alterna QUANTITY | te shipping methods. DESCRIPTION | UNIT OF MEASURE | VENDOR | PRICE | EXTENDED PRICE | SHIPPING CC |
| eScreen st ORDER EDIT Edit | upplies ship via FedEx. Othe R DETAILS PRODUCT ID 202 | r vendors may use alterna QUANTITY 1 | te shipping methods. DESCRIPTION escreen ePass Nan DOT COC Farm | UNIT OF MEASURE | VENDOR | PRICE \$0.00 | EXTENDED PRICE \$0.00 | SHIPPING CC |
| eScreen st ORDER EDIT Edit | RDETAILS PRODUCT ID 202 | QUANTITY | te shipping methods. DESCRIPTION escreen ePass Non DOT COC Form | UNIT OF MEASURE | VENDOR Alere | PRICE \$0.00 | EXTENDED PRICE | SHIPPING CC O Sub Total: S0.0 Total: S0.00 |
| eScreen sa ORDER EDIT Edit | RDETAILS PRODUCT ID 202 | QUANTITY | te shipping methods. DESCRIPTION escreen ePass Non DOT COC Form | UNIT OF MEASURE | VENDOR Alere | PRICE \$0.00 | EXTENDED PRICE \$0.00 | SHIPPING CC O Sub Total: SO.0 Shipping: SO.0 Total: SO.00 |

PLACE ORDER: ORDER DETAILS

Order ID is provided. If checking on an order that has been placed but haven't received, our Customer Service team can track the order. Providing the **Order ID** helps speed up the process.

| ORDER DETA | ILS | | | | |
|----------------------------------|--|--------------------------------|---|----------------|---|
| Account Number 100660 - 1 | | C | Order ID 3756568 | | |
| Name eScreen Training Default | | | Order Date 2/22/2021 1:56:00 PM | | |
| Contact | | | Ship Date | | |
| Address 1 8140 Ward Parkway | | | Shipping Method Ground | | |
| Address 2 Ste 300 | | | Purchase Order Number | | |
| City Kansas City | | | | | |
| State MO | | | | | |
| Zip 64114 | | | | | |
| eScreen supplies ship via | FedEx. Other vendors may use alternate | e shipping methods. | | | |
| DETAIL ID | QUANTITY | DESCRIPTION | | EXTENDED PRICE | VENDOR |
| 4482814 | 1 | escreen ePass Non DOT COC Form | | \$0.00 | Alere |
| | | | | | Sub Total \$0.00 Shipping \$0.00 Total \$0.00 |
| DONE | | | | | |

ORDER HISTORY

- Under Order Supplies, select **Order History** to view past orders.
- Select the account or search by account name. If you have access to multiple accounts, you may select **View all** to view all account options.
- Next input timeframe for order and select **Search**.
- Select **View** to review order details including Order ID

| æ | ORDER SUPPLIES | |
|---|----------------|--|
| | ORDER HISTORY | |
| _ | | |

| ORDER HISTOR | YSEARCH | | |
|--------------|----------------------|--------|----------|
| Name: | Account: 100660 - | SEARCH | VIEW ALL |
| | | | |

| ORDER HISTO | RY | |
|-------------|----------|------------------------|
| Start Date | End Date | SEARCH |
| DETAILS | | DATE |
| View | | 10/24/2018 11:28:00 AM |

MYESCREEN FOR EMPLOYERS Randoms *Additional fees apply*

EMPLOYEE MANAGEMENT

Edit employees

- Add new employee
 - Search and select account that is "active in random pool"
 - Enter First Name, Last Name, either SSN or Employee ID
 - ADD pool information
 - Click Save
- Edit existing employees
 - Enter search criteria (ex. first and last name)
 - Click Search
 - Click on donor's name, update employee status and **Save**

View pool approvals

- Approve employee list
 - Option available if participating in a stand-alone pool
 - Option not available if participating in a consortium

EMPLOYEE UPLOAD

Stand-alone participants

- Upload employees
- Upload a new list prior to each pull
- Browse for Excel file on your computer
- Click Next
- A notice pops-up that an eScreen employee will process your file shortly

Consortium participants

• After the initial upload, the list will be handled under Employee Management

RANDOMS INBOX

- On the first day of the selection period, employee names that have been selected for a Random Drug and/or Alcohol test will populate in the Randoms Inbox
- Anyone with a status of "Requires Action" needs to be scheduled
- Click the name listed in the box to schedule the event.

| SULTS HEALTH-«SCR | EEN SERVICES | | | | | | | | | | |
|-------------------|----------------|-------------|-------------------|------------|--------------|-------------|-----------------|--------------------|---------------------|---------------|-----------------|
| | | | | | | | | | | | REFRESH |
| DONOR | CLIENT | CLIENT NAME | POOL | REGULATION | TEST TYPE | DONOR ID | STATUS | START DATE TIME | END DATE TIME | DATE ADDED | CUSTOM FIELD |
| Name, Donor | 123456- 123 | Client Name | Service NonDOT | Non-DOT | Drug | XXX-XX-1234 | Scheduled | 1/3/2008 | 2/1/2021 | 1/3/2008 | Dispatcher |
| Name, Donor | 123456- 123 | Client Name | Service NonDOT | Non-DOT | Drug | XXX-XX-1235 | Scheduled | 1/3/2008 | 2/1/2021 | 1/3/2008 | Sales Manager |
| Name, Donor | | Client Name | Service NonDOT | Non-DOT | Drug | XXX-XX-1236 | Scheduled | 1/3/2008 | 2/1/2021 | 1/3/2008 | 300100 |
| Name, Donor | 123456- 123 | Client Name | Service DOT | DOT-PHMSA | Drug | XXX-XX-1237 | Requires Action | 1/3/2008 | 2/1/2021 | 1/3/2008 | Locator Level 3 |
| Nowlen, Grosvenor | 123456- 123 | Client Name | Service DOT | DOT-PHMSA | Drug | XXX-XX-1238 | Requires Action | 1/3/2008 | 2/1/2021 | 1/3/2008 | Locator Level 3 |

RANDOM EMPLOYEE ACTION

- **Schedule** generates an eScreen Passport test scheduling document
- Mark Unavailable: places the donor on hold to be approved or denied

| | bonok Achon | |
|--|------------------------------|--|
| DONOR INF | 0 | |
| Donor Name Name, Donor | | |
| Donor ID: xxx-xx-1234 | | |
| Employee/Contr Job Title: Locator Location: Title Jo | actor ID: : Level 3 bb | |
| POOL SELEC | TION INFO | |
| Pool Name: Service DOT | | |
| Regulation: DOT-PHMSA | | |
| Start Date: 1/3/2008 12:00:00 | AM | |
| End Date: 2/1/2021 12:00:00 | AM | |
| UNAVAILAB | LE INFO | |
| Unavailable Dat | e: | |
| Unavailable Rea | son: | |
| Unavailable Not | es: | |
| Resolution Date | : | |
| Resolution Notes: | | |

SCHEDULE RANDOM TEST

- Input postal code and search radius (number between 1-60)
- Select Clinic
- Add notes if needed
- Confirm event

| Address Postal Code Distance 66062 10 Miles SEARCH SHOW DEFAULT CLINICS | SHOW M | ORE CLINICS | City | | | State/Provina - Choose - | |
|--|-----------------|------------------|-------------------|---------------------------|------------------|-----------------------------|-------------|
| CLINIC NAME | DRUG | DISTANCE | PHONE | ADDRESS | CITY | STATE/PROVINCE | POSTAL CODE |
| Concentra Medical Center - KC Lenexa | O | 8 m | 9138946664 | 14809 W 95TH ST | Woonsocket | RI | 02895 |
| V Corporate Care - Lenexa | G | 9 m | 9134929675 | 9040 QUIVIRA RD | LENEXA | KS | 66215 |
| ✓ EMSI - Lenexa | | 9 m | 9134384923 | 8821 LONG ST | LENEXA | KS | 66215 |
| 😱 = Installed 🌗 = Installed \$\$\$ 💭 = Uninstalled in | Network 😌= Elec | etronie Chain 🚯= | Out of Network 🜔= | Health-eScreen 😨Installed | Out of Network 🌘 | = ePhysical | |

| CONFIRM SCHEDULING INFO | BACK | CONFIRM EVENT |
|--|------|---------------|
| EMPLOYER Employer Name | | |
| DONOR INFORMATION Donor Name: Name, Donor Donor ID: XXX-XX-1234 Donor ID Value: Job Title: Locator Level 3 Location: Location | | |
| TESTING INFORMATION Regulation: DOT-PHMSA Type of Test: Drug Notes: | | |

MARK UNAVAILABLE

- Choose reason why and document notes
- Click Mark Unavailable

| UNAVAILABLE INFORMATION |
|-------------------------|
| Reason: |
| No longer employed |
| Notes: |
| |
| |
| |
| |
| |
| MARK UNAVAILABLE CANCEL |

MARK RANDOM EMPLOYEE UNAVAILABLE

EMPLOYEE INFO

Employee Name: Name, Donor

Donor ID: XXX-XX-1234

Employee ID:

UNAVAILABLE INFORMATION



RANDOMS REPORTS

Pull Selection

• Shows how many donors are in the pool, how many are selected for drug and alcohol and marked unavailable

Pool Annual Statistics

• Summary of percentages

Active Pool Members

• List of all active employees in the pool

UNAVAILABLE MANAGEMENT

- Only available if in stand-alone pool
- Process unavailable employees
- Click on **Process** to the left of the employee's name
- Approve or Deny under Resolution Details
 - If approved, assign alternate defers to yes, can mark no
- Click Save

| Fundavas Nama | |
|----------------------|--------------|
| Name, Donor | |
| Donor ID | |
| XXX-XX-1234 | |
| Employee ID | |
| RESOLUTION DETAILS | |
| Approve Removal | |
| Approved | |
| | |
| Assign Alternate Yes | |
| Internal Notes | Add TimeSta |
| | |
| | |
| | |
| | |
| | |
| Employer Notes | Add TimeStar |
| | |
| | |
| | |
| | |
| | |
| | |
| | |

DENIED VS ALTERNATE CHOSEN

- Denied employees are marked by a red line to the left
- Alternate employees are marked with an orange line to the left
- Both are required to be tested to remain compliant

| DONOR | CLIENT | CLIENT NAME | POOL | REGULATION | TEST TYPE | DONOR ID | STATUS | START DATE TIME | END DATE TIME | DATE ADDED | CUSTOM FIELD |
|-------------|----------------|-------------------------|-------------------|------------|--------------|-------------|----------------------------------|--------------------|---------------------|---------------|-----------------|
| Name, Donor | 123456- 789 | eScreen Demo Account | Service NonDOT | Non-DOT | Drug | XXX-XX-1234 | Requires Action | 1/3/2008 | 2/1/2021 | 1/3/2008 | |
| Name, Donor | 123456- 789 | Client Name | Service NonDOT | Non-DOT | Drug | XXX-XX-1234 | Marked Unavailable - Approved | 1/3/2008 | 2/1/2021 | 1/3/2008 | Locator Level 1 |

Onsite Collection

Onsite Collection

REQUEST AN ON-SITE COLLECTION

- View all accounts
- Locate and click account to display onsite collection form
- Fill out information; allow at least one weeks notice for proper scheduling
- Click Submit
 - Website status will change to confirmed when a collector has been located

| Customer: | ESCREEN SCHEDULING DEFAULT - ONSITES (221360) 🗸 |
|--------------|--|
| Location: | 100660-0 (Corpor) V |
| Will this co | llection take place within the Continental United States? Yes 🗸 |
| Gender: N/ | A VApproximate # of Employees: |
| *Allow one | weeks notice for proper scheduling. |
| Preferred C | collection Date: Dec 20 2017 🕮 Preferred Collection Time: 1 🗸 : 00 🗸 🗛 🗸 |
| Preferred C | ollector Name: |
| Preferred C | ollector Phone: |
| Contact Na | me and Phone for coordinating: |
| Requestor I | Email: |
| Comments | |
| | \bigcirc |
| Split Kit | After Hours Observed |
| View Observe | d Details |
| Collecti | on Address Detail |
| Collection | Location (building address): |
| City: | |
| State: | |
| Zip: | |
| Country: | JNITED STATES |

MYESCREEN FOR EMPLOYERS Onsite Collection

ESCREEN® ONSITE COLLECTION PROCESS

- Submits onsite collection request via the MyeScreen website.
- The onsite scheduling team will locate a local collector that can perform collections at the customer's location.
 - Once collector has been assigned, customer will see the status of their request on the website change to **confirmed**.
- eScreen will ship chain of custody (COC) forms to the collector or customer contact person, as well as specimen collection cups if necessary.
 - The onsite collector is also provided with a collection log to record the names of the employees that are tested at each onsite event.

MYESCREEN FOR EMPLOYERS Onsite Collection

ESCREEN[™] ONSITE COLLECTION PROCESS – CONTINUED

- On the test date the collector will arrive at the facility approximately 30 minutes prior to the first test to secure the bathroom that will be used for testing.
 - Securing the bathroom includes bluing the water in the toilet so that it cannot be used to adulterate the specimen, taping off or shutting off other water sources, and removing any materials that may be used to tamper with or alter the sample from the bathroom.
- Collector will test all employees following the same procedure that is followed at a collection facility.
- Once testing is completed, the collector will package the samples and schedule a courier pickup or ship via Fed Ex to the laboratory and fax the MRO copies of the COC forms to the MRO.
- Negative results will report out on the MyeScreen website in 24-48 hours. Positive results will take an average of 4-5 business days.

Contact Information

Customer Service- 800-733-1676

Available from 7 am to 7 pm, Monday-Friday CST.

