



### NOTICE OF CHANGE IN DESIGNATED EMPLOYER REPRESENTATIVE (DER)

The company representative(s) authorized to receive drug and alcohol test results are listed below. Drug and alcohol testing results will not be released to anyone not specifically named below. The company verifies that each contact utilizes a secure fax or encrypted email address for receiving documents. Emailed reports will be received from the network provider [customerservice@datcs.com](mailto:customerservice@datcs.com). Please add this address to your safe sender list.

<b>Remove DER:</b> _____ Email Address: _____	<b>Remove DER:</b> _____ Email Address: _____
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<b>Remove DER:</b> _____ Email Address: _____	<b>Remove DER:</b> _____ Email Address: _____
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<b>Add DER:</b> _____ DER Role      DRUG      BACKGROUND Email Address: _____ Cell Number: _____ Office Number: _____ Will this DER need to receive test results? Yes      No	<b>Add DER:</b> _____ DER Role      DRUG      BACKGROUND Email Address: _____ Cell Number: _____ Office Number: _____ Will this DER need to receive test results? Yes      No
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<b>Accounting:</b> _____ Email Address: _____ Phone Number: _____	<b>Background:</b> _____ Email Address: _____ Phone Number: _____
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Preferred Method for Invoices: Name of Company: \_\_\_\_\_  MAIL     EMAIL

Signature of DER or Authorized Company Representative \_\_\_\_\_ Date: \_\_\_\_\_

For office use: <input type="checkbox"/> COMPLIANCE <input type="checkbox"/> ACCOUNTING <input type="checkbox"/> BACKGROUND <input type="checkbox"/> CONSTANT CONTACT
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