

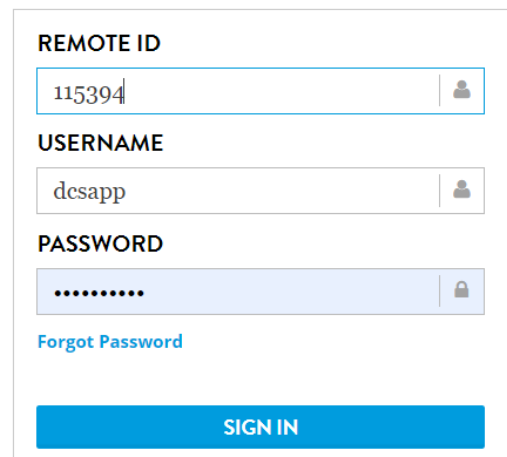
Guide to schedule a test in eScheduling (DCS applicants)

*For best ease of use, please note:

- This process needs to be done from a computer (not a mobile device).
- Use Internet Explorer if possible
- Popup Blockers will need to be turned off or your browser will likely give you an error message between step 6 & 7 that states it blocked a pop up window and it will give you options to allow pop-up windows from the site – select option to either temporarily allow pop-ups from this site or to always allow pop-ups from this site.

1. Go to the homepage/login for Abbott Toxicology (*formerly Alere Toxicology*):

<https://datalink.abbott/us/#/login>



REMOTE ID
115394

USERNAME
dcsapp

PASSWORD
.....

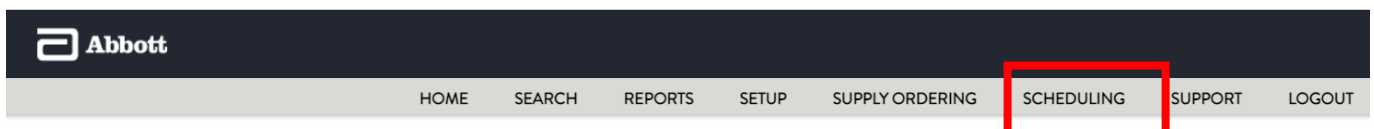
[Forgot Password](#)

SIGN IN

2. Sign in with the Remote ID: **115394**
User ID: **DCSAPP**
Password: **dcs2021!**

If you try this password twice and it does not work, please call 765-894-3453 immediately!

3. Once you are signed in, you will see the following menu bar options - select “Scheduling” – then “eScheduling” (hover the cursor over “Scheduling” and you will see “eScheduling” to click on)



4. On the next screen, select “eScheduling New”

If you have any questions, please contact DISA Indiana/MTS at 765/894-3453 (Paula Zimmerman) or 317/269-3030 (Admin Department).

- From the Facility field drop down menu, select the **county option you are applying for**, type in your full SSN with dashes (xxx-xx-xxxx), select Donor SSN radio button, and type in your name.
- Select "Schedule Now":

NEW SCHEDULE

Facility:

456405 - DCS MARION - 10

Donor SSN/ID:

DonorID Donor SSN

123-45-6789

First Name:

John

Last Name:

Doe

CLEAR SCHEDULE NOW

7. A new window will open up where you will make the following selections:(if you get returned to the same page, your pop up blocker is most likely on, turn it off to allow a new page to open)

- a. Email Address – type in your email address
- b. Reason for test – Select the Pre-employment option
- c. Type of test: -
 - i. Select: non-DOT tests radio button and
 - ii. Check mark: Urine collection for drug test
- d. Other fields in gray are optional to fill out.
- e. Select the “Next” button once all options are selected/filled in.

The screenshot shows a web form with the following sections:

- DONOR**: Includes fields for First Name (John), Middle Name, Last Name (Doe), Social Security Number (*** - 33 - 4567), Date of Birth (MM/DD/YYYY), Day Phone, Evening Phone, Email Address, Donor ID (None), and Cost Center / Job Code (-Select-). A red box highlights a gray area with the text "Areas other than * are optional".
- REASON FOR TEST - DRUG TESTING**: Includes radio buttons for Pre-employment (selected), Random, Post Accident, Periodic Medical, Promotion, Returns to Duty, Diversion, Followup, Transfer, Reasonable Suspicion/Cause, and Other (Specify reason).
- TYPE OF TEST - DRUG TESTING**: Includes radio buttons for NON-DOT TESTS (selected) and checkboxes for Urine collection for drug test (checked) and Breath alcohol test.

At the bottom, there are buttons for BACK and NEXT: SELECT A CLINIC.

8. Next you will select a clinic for you to report for your test. You will need to search for a site outside of this list, use the search field options. The system will always require you to enter a “distance” value – use 25 miles as default. Select the clinic that works best for you by clicking on the clinic name. If you would like to see the hours operation, you can click on the down arrow (v) to the left of the clinic’s name (note that you should always call the site to confirm hours of service).

If you have any questions, please contact DISA Indiana/MTS at 765/894-3453 (Paula Zimmerman) or 317/269-3030 (Admin Department).

Address City State/Province

Postal Code - Distance Miles

SEARCH **SHOW DEFAULT CLINICS** **SHOW MORE CLINICS**

CLINIC NAME	DRUG	DISTANCE	PHONE	ADDRESS	CITY	STATE/PROVINCE	POSTAL CODE
Midwest Tox Services, LLC		0 m	3172622200	603 E WASHINGTON ST	INDIANAPOLIS	IN	46204
Nova Medical Center - Indy		0 m	3179835400	500 N Capitol Ave	Indianapolis	IN	46205
Franciscan Working Well - City Way		1 m	3177054785	325 S Alabama St	Indianapolis	IN	46204
Concentra Medical Center - Indy Southeastern		1 m	3179552020	1101 Southeastern Ave	Indianapolis	IN	46202
MedCheck - Speedway		5 m	3179579000	1011 MAIN ST	SPEEDWAY	IN	46224

There are a few sites that require you carry in a paper CCF (form) (included in traditional testing kit). These sites are marked in red and the system will give you a warning that a paper CCF is needed. Note that The Figment Group in LaPorte has CCFs on file and you do not need to carry a CCF with you to this site. Contact Midwest Toxicology if you have more questions about this process and these few sites that require a paper CCF.

9. Next, you will see additional options – you must fill in the items outlined in red below.
 - a. In the “Hours Type” section (1st red box on next page), enter 48 in the first box and select “Actual Hours” in the second box.
 - b. In the “Scheduler Contact Info” section (2nd red box), enter “DCS HR” in the first name field (leave Last Name blank) and enter phone number 317-233-4721.
 - c. Select “Confirm Scheduled Event” once you have entered all necessary information.

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CONFIGURATION

- Immediate (Start time is current time.)
- Future (Start time must be specified.)

HOURS TYPE:

Immediate

Donor has Actual Hours (ET) to complete test.

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

NOTIFICATIONS:

- Send Email when donor has completed the event.
- Send Email if the donor fails to take test by the event time.
- Send Email notification 4 hours before scheduled event expires.

Email Address:

Note: To email multiple recipients, separate email addresses with a semi colon.

SCHEDULER CONTACT INFO

Please enter the contact information in case the donor has questions.

Contact First Name

Contact Last Name

Contact Phone

() - Ext.

ADDITIONAL NOTES FOR ePASSPORT

If you have any questions, please contact DISA Indiana/MTS at 765/894-3453 (Paula Zimmerman) or 317/269-3030 (Admin Department).

10. You will then see the “Print ePassport” options. First you need to email the “ePassport” form which is your testing authorization form that you will bring with you to the collection site.
- If you entered your email address in step 7, it should auto-populate in the Email box. If your email address did not auto-populate, then type it in the Email box (john.doe@disa.com is just an example).
 - Add MROTeamD@disa.com (enter semicolon between email addresses).
 - Add any other email address if directed by your DCS rep.

PRINT ePASSPORT

ePASSPORT NOTIFICATION OPTIONS

Email:

Note: To email multiple recipients, separate email addresses with a semicolon.

Would you like to send this ePassport via text message?
Note: If you select the option to text the ePassport to the participant, the participant will receive a text message instructing them to click a link to open their ePassport.

SEND

INSTRUCTIONS

Option 1: Print out this sheet and send with the participant to the clinic.

Option 2: Email the ePassport to the participant.

DONE

- Click on “Send” button. You will see a message at the top that confirms the email addresses the system sent the ePassport to.

PRINT ePASSPORT

Email sent to John.Doe@disa.com; mroteamd@disa.com

ePASSPORT NOTIFICATION OPTIONS

- Check your email inbox – the email will come from donotreply@escreen.com. The email will have a PDF copy of the ePassport attached. If you do not see it within 5 minutes, check your junk/spam folders.

11. You can print your “ePassport” form. This can done from this system or you can print it off from the email you receive (as described above). If you have a smart phone and can bring up the email on your phone, the collection site just needs to be able to scan the bar code in the upper right corner.

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ePassport®
Test Scheduling Document

Scan this barcode into eScreen123®



AI2171909832



Participant Test for JOHN DOE

This order must be completed by:

11/4/2017 7:41 AM (ET)

- You are required to take a photo ID, this ePassport, and all documents with which it printed.

12. **VERY IMPORTANT** – you must click on the “Done” button under the Instructions.

Email sent to John.Doe@disa.com;mroteamd@disa.com

ePASSPORT NOTIFICATION OPTIONS

Email:

John.Doe@disa.com;mroteamd@disa.com

Note: To email multiple recipients, separate email addresses with a semicolon.

Would you like to send this ePassport via text message?

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SEND

INSTRUCTIONS

Option 1: Print out this sheet and send with the participant to the clinic.

Option 2: Email the ePassport to the participant.

DONE

If you have “lost” this window when you clicked on the link to open the ePassport in a new window, Click on the back arrow in the web browser.

13. You will see one more window that confirms the ePassport has been created successfully.

DATALINK

Schedule Completed with EventID :24384486

14. When you report for your collection you must have the ePassport form and a photo ID with you.

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