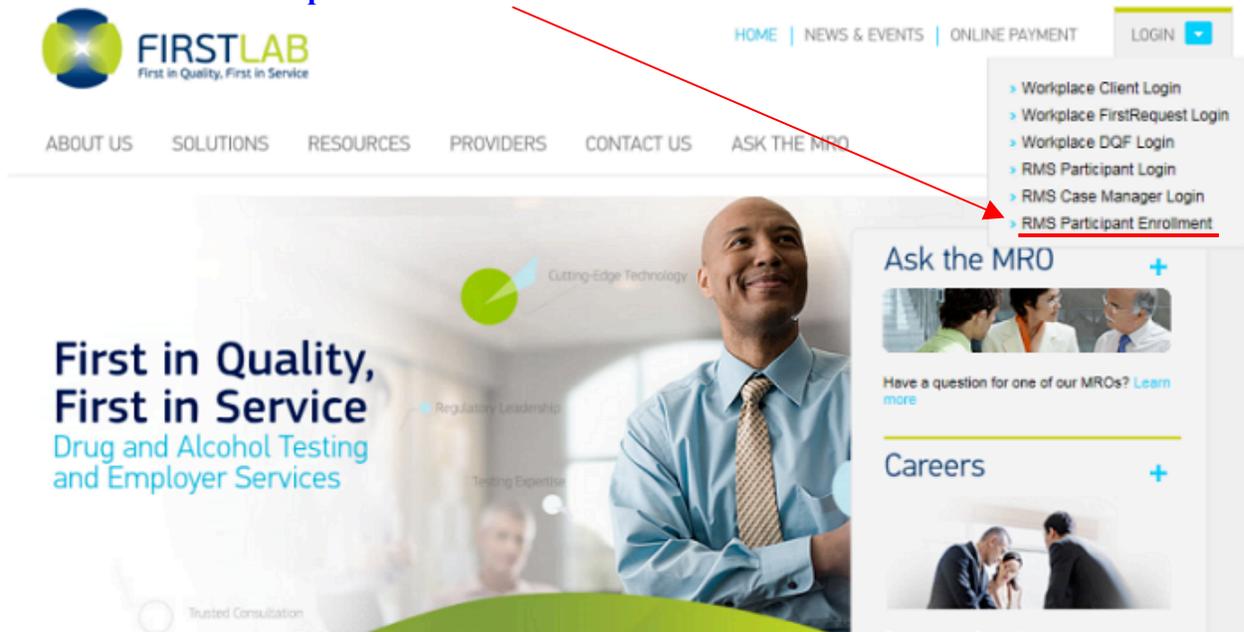


FirstLab Enrollment Instructions for Ohio Board of Nursing (OBN DMP)

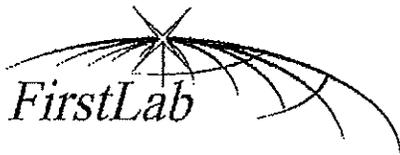
As a participant of the **Ohio Board of Nursing** you are required to enroll in FirstLab's Recovery Management Services (RMS) testing program. Please follow the instructions outlined below to ensure timely enrollment and compliance.

1. Go to www.firstlab.com.
 - Note: Please do not use a mobile phone device. A desktop or laptop should be used for enrollment as you will need to read and print the agreement.
2. Click on the “**LOGIN**” drop down.
3. Click on “**RMS Participant Enrollment**”



4. Enter the Program Login and Password:
Login ID: **obndmp**
Password: **enroll**
5. Fill in the required fields indicated with an * which includes your **SS#** and credit/debit card account information. Read and electronically sign the Agreement. Then click “**Submit**”.
6. Print and read the enrollment packet in its entirety.
7. You do not need to return any paperwork when enrolling on-line unless you are using another party's credit/debit card for payment.

If you do not have access to the internet, please call the FirstLab RMS Department at 1-800-732-3784 to request an enrollment packet.



**Ohio Board of Nursing
(Keep this sheet for your files)**

Participant Enrollment Form

Dear New Participant:

Please read the following very carefully. It explains the enrollment process and test notification procedures for the OBN Program. After you have read it completely, please feel free to call FirstLab's PHM (Professional Health Monitoring) Department at 1-800-732-3784 with any questions.

Enrollment into FirstLab:

1. Complete the enclosed Application and Payment Form. Each test will cost: Option #6 = \$41.00, Option #9 = \$41.00, Option #4 = \$41.00, Option #2 = \$41.00, Option #3 = \$41.00, Option #1 = \$41.00, Option #8 = \$82.00, Option #7 = \$41.00, Option #5 = \$41.00, Option #10 = \$55.00.
2. Participant is NOT responsible for paying the collection fee IF the participant uses a laboratory patient service center. If using a laboratory patient service center the collection fee is included in the cost indicated above. However, if participant choose to use a collection facility that is NOT a lab owned patient service center, participant is required to pay the collection fee at the time of collection. FirstLab will charge you separately for the analysis fee indicated above.
3. Fax the original *Application and Payment Form* and signed Agreement, within 24 hours, back to FirstLab at **215-396-5611**. We **MUST** have your Application and Payment Form on file before you can begin logging into the Test Notification System.
4. You will be required to access our Testing Notification System Sun. Mon. Tue. Wed. Thu. Fri. Sat. effective _____ which will indicate if you have or have not been selected for testing. To access the Testing Notification System you may log on to www.firstlab.com and click on "PHM login" or call **1-877-282-1911**.
5. **Money Order** - The participant must send a personal check, cashier's check, money order or other guaranteed instrument payment method to FirstLab within 24 hours of submitting a specimen.

Logging on to the web: You will need to log in daily to www.firstlab.com and click on "PHM login". The first time you log in, you must register as a user. Once you've registered with a Login and Password, you may login and a testing message will appear on the screen. "You have not been selected for testing today." Or "You have been selected for testing today. Please check option # _____ on your Chain of Custody form." Special messages will appear in red font, it is your responsibility to read and follow the directions in the message for compliance with your program.

Calling In: You will need to call in daily to 877-282-1911. You will hear a recording. When prompted, use the telephone keypad to enter your social security number or 9 digit participant ID followed by the "#" sign. When prompted a second time, use the telephone keypad to enter your assigned pin number (found on your Participant ID card) followed by the "#" sign. You will hear one of two messages: "You have not been selected for testing today." Or "You have been selected for testing today. Please check option # _____ on your Chain of Custody form and report for testing before the close of business today." You must listen to the message in its entirety; it is your responsibility to follow the directions in the message for compliance with your program.

Absolute Requirement: When you are notified of a test, you **MUST** go to the collection site within the time frame dictated by your Program which is referenced in the FAQs and/or Participant ID Card. Testing is the critical part of your follow-up program. Call early in the day so that you have plenty of time to get to the collection site. The messaging system will play from 12:00 AM to 11:59 PM EST. Failure to provide a specimen on the day selected due to calling in late will be considered a No-Show, reported to your case manager as such, and additional screens may be required.

Payment Methods: Please refer to the Payment Options & Procedures sheet in this packet for a detailed explanation of the payment methods that will be accepted by FirstLab. You must complete the Application and Payment Form and return it to FirstLab in order to begin using the Testing Notification System.

Payment Changes/Address Changes/Change of Collections Site: Registered users can make these changes/updates to "My Profile" by accessing the web site, www.firstlab.com/phmmem. Or they can be mailed, faxed to 215-396-5611, emailed to phm@firstlab.com or called into FirstLab at 1-800-732-3784.

Collection Sites: You are required to designate one (1) primary collection site. If you cannot make it to your primary collection site on a day you are selected for a test, you must call FirstLab to inform them of the alternate site that you will be using for that day. The alternate site must be pre-approved by FirstLab before it can be used. Your Participant ID card must be presented to your collection facility each time you are selected for a test to assure that your collection is performed on the proper Chain of Custody Form.

Testing Form: You are 100% responsible for assuring that you have testing forms, otherwise known as Chain of Custody(COC) forms. Please make sure that you have a minimum of 2 Chain of Custody forms on hand at all times. You will be sent COC forms from FirstLab. If you need to reorder forms, please login to the Testing Notification System, www.firstlab.com/phmmem and select Forms/Reports, Chain of Custody Order Form or contact FirstLab at 1-800-732-3784.



Ohio Board of Nursing
Application and Payment Form
Personal and Confidential

Please print legibly

Participant Name: _____ **Social Security Number:** _____

Address: _____

City: _____ **ST:** _____ **ZIP:** _____

Phone Number: _____ **Email Address:** _____

Credit Card/Check Card Information - must be completed.

Visa MasterCard

Card #: _____ **Expiration Date:** ____/____/____

Name as it appears on the card: _____
Print

Authorization to charge the card: _____
Signature

Collection Site Information - must be completed.

Please indicate the collection facility that you would like to use as your primary collection site.

Collection Site Name: _____

Address: _____

City, State, Zip: _____ **Phone:** _____

CHECK HERE IF THIS IS YOUR PLACE OF EMPLOYMENT

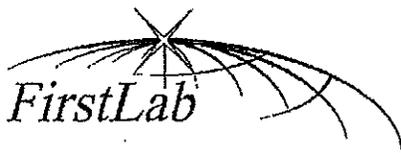
Please indicate the collection facility that you would like to use as your alternate collection site.

Collection Site Name: _____

Address: _____

City, State, Zip: _____ **Phone:** _____

CHECK HERE IF THIS IS YOUR PLACE OF EMPLOYMENT



Ohio Board of Nursing

AGREEMENT

THIS AGREEMENT by and between First Hospital Laboratories Inc. dba FirstLab, a Virginia Corporation and Participant is made as of the date of the execution of this document.

WHEREAS, The Participant is under an administrative or disciplinary obligation to submit at Participant's own expense to random drug and/or alcohol tests directed by OBN, the professional occupational licensing board by which Participant is currently licensed; and

WHEREAS, the OBN has entered into an agreement with FIRSTLAB to provide drug testing services for the OBN;

NOW, THEREFORE, in consideration of the mutual promises contained in this Agreement and for other good and valuable consideration, and in order to facilitate compliance with the OBN's requirements, the parties agree as follows:

A. FIRSTLAB will:

1. Secure a forensic toxicology testing laboratory acceptable to the OBN.
2. Assist in securing collection sites that are convenient and that employ certified collectors that meet FirstLab's standards.
3. Provide testing kits and chain of custody forms to be used in the collection process.
4. Use information provided by the OBN to establish testing levels and frequencies for random selection.
5. Perform computer random selection at the testing frequencies established.
6. Provide a toll-free 800-telephone number and website for Participant to call Sun. Mon. Tue. Wed. Thu. Fri. Sat. to see if Participant has been selected for testing.
7. Provide a Medical Review Officer to review confirmed non-negative test results as requested.
8. Send all test results to the OBN and immediately fax all positive results directly to the Administrator, or designee of the OBN.
9. Charge Participant monthly for services such as specimen analysis, collection site fees, Medical Review Officers fees, Return Check fee, etc.

B. The Participant will:

1. Complete the registration form and return/submit it to FIRSTLAB.
2. Call IVR (Inter-Active Daily Voice Response) and/or log on to the FirstLabTest Notification web site at a designated time between 12:00 AM and 11:59 PM EST Sun. Mon. Tue. Wed. Thu. Fri. Sat. to see whether Participant has been selected for testing that day.
3. If selected for testing, report to a FIRSTLAB approved testing site and be tested that same day. Should Participant's professional schedule make testing before the collection site's operating hours unreasonable, Participant must make arrangements for after hours collection. Approval of the monitoring program is required for this variance and the cost of the collection at such a site is the responsibility of the participant.
4. Agree that failure to call or test will be considered a lack of compliance with the OBN's order or administrative agreement requiring such testing and will result in reporting that lack of compliance to the OBN.
5. Keep Participant's account with FIRSTLAB current. FirstLab will charge the Participant once a month for all tests that reported to FirstLab during the previous month. This will take place on the 19 of each month. If this date falls on a weekend, processing will take place on the following Monday. Immediately upon a credit or debit card rejection, FirstLab's Finance Department will suspend the Participant's access to the Testing Notification message. Upon call-in or login to our Test Notification System, Participant will be alerted that their account is on credit hold. Participant will have the ability to clear up their balance at that time. If the Participant clears their balance, he/she will be removed from suspension and advised if they have been selected for testing that day. The OBN is notified when a Participant is placed on suspension due to non-payment as it may result in non-compliance with the monitoring requirements.
6. Present chain of custody form and valid government issued photo I.D. to collection site at time of collection.

C. Participant authorizes FIRSTLAB to disclose or release any information in its possession concerning Participant, including without limitation, the results of any drug screening tests, to the OBN. This authorization is subject to revocation at any time, except to the extent that FIRSTLAB already has taken action in reliance on it. If not previously revoked, this authorization will terminate upon written confirmation to FIRSTLAB by the OBN that the administrative or disciplinary obligation to the OBN under which this Agreement has been executed has been terminated.

D. FIRSTLAB will take all reasonable efforts to insure confidentiality and protect the integrity of the program. FIRSTLAB further agrees that all knowledge and information that FIRSTLAB may receive from the OBN, their employees or consultants, shall for all time and for all purposes be regarded by FIRSTLAB as strictly confidential and held by FIRSTLAB in confidence, and solely for its benefit and use, and shall not be directly or indirectly disclosed to any person whatsoever, except to the OBN, or anyone authorized by the OBN. The obligations hereunder with respect to confidentiality will survive and continue after this Agreement terminates or expires.

E. It is expressly understood and agreed by the parties hereto that the reports prepared and issued by the testing laboratory or the MRO shall be the sole responsibility of the issuer, and that FIRSTLAB assumes no responsibility for such reports. Each testing laboratory shall be an independent contractor, not an employee of FIRSTLAB. It is further understood and agreed by the parties that no liability is assumed by FIRSTLAB for the accuracy of the processed data, except for the correction of its work; however, every precaution will be taken to insure the accuracy of the processed data. Any reasonable delay in performing under this Agreement due to disaster, weather, or mechanical failure will also cause no liability to FIRSTLAB.

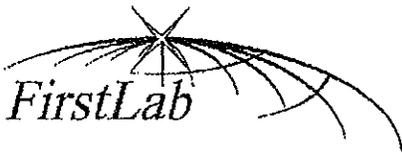
F. Participant agrees to indemnify and hold harmless FIRSTLAB, its directors, officers and employees from and against any and all claims, actions, and liabilities of any nature which may be asserted against it or them in connection with the performance of FIRSTLAB, its directors, officers, employees, and agents pursuant to this Agreement.

G. This Agreement shall remain in effect until either of the following, whichever occurs first in time: (1) the Agreement between FIRSTLAB and the Program Title is canceled; or (2) the OBN confirms in writing to FIRSTLAB that Participant is no longer obligated to the OBN for such a program.

H. This Agreement shall be governed and construed in accordance with the laws of the Commonwealth of Virginia.

(Participant)

(Date)



PAYMENT OPTIONS & PROCEDURES

The following payment option is available to the participant.

MONEY ORDER, CREDIT CARD OR DEBIT CARD - VISA OR MASTERCARD ONLY

1. Upon notification, the participant should proceed to their designated collection site and perform a urine drug screen collection. Participant is NOT responsible for paying the collection fee IF the participant uses a laboratory patient service center. If using a laboratory patient service center the collection fee is included in the cost indicated above. However, if participant choose to use a collection facility that is NOT a lab owned patient service center, participant is required to pay the collection fee at the time of collection. FirstLab will charge you separately for the analysis fee indicated above. **FirstLab will debit your credit/debit card separately for the analysis of the specimen.**
2. The Participant's specimen will be shipped to the laboratory for analysis.
3. The Laboratory will report the specimen result to FirstLab.
4. **FirstLab will bill the participant's credit card/debit card once a month** for all tests that reported to FirstLab during the previous month. This will take place the 19th of each month. For example, all tests reported during the month of March will be debited the 19th of April. If this date falls on weekend processing would be completed the following Monday.

* It is recommended that the participant keep on file the "donor's" copy of the Chain of Custody form, as provided by the drug screen collector. This is the participant's receipt, indicating that the participant performed a specimen collection.

* FirstLab does not send itemized statements to the participant. However, statements can be obtained at any time, by logging on to our web as a registered user or calling the Finance department at 1-800-732-3784.

* **It is the participant's responsibility to update FirstLab with any changes to credit card/check card information.**

DELINQUENT PAYMENT POLICY

Immediately upon a credit/debit card being rejected, FirstLab's Finance Department will suspend your call-in/log-in privileges. You will be alerted that your account is on credit hold via the Test Notification System and will have the ability to clear up your balance with FirstLab at that time. You will be charged a \$25.00 suspension fee with your next monthly billing. After your account has been paid in full, you will be re-activated and notified whether or not you have been selected for testing that day. If your account has been referred to an outside collection agency and you would like to return to the program, you must pay the entire outstanding balance, a reinstatement fee equal to 30% of that balance, and the \$25.00 suspension fee.

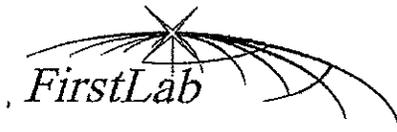
Tips and Reminders

- If you experience any problems with the PHM call In number, 877-282-1911 please call FirstLab or logon to web based Testing Notification System at www.firstlab.com/phmmem. If calling after hours, please press option #7 to report trouble.
- DO NOT, for any reason, select the post-accident option.
- DO NOT use a Cell Phone! Why?
- This type of communication can be directly compared and related to that of a radio. There are points in which the signal from a cell phone will not reach the destination because of interference (this could be structural, weather, or distance related). This interference may very well cause the information you are trying to input, whether it would be your social security number, participant ID number, or PIN number, not to be recognized properly by the system, thus giving a false indication on any report.
- Call FirstLab to inform us if you are dropping at a site other than your designated site.
- Update FirstLab with address, credit card or check card changes.
- Take your FirstLab Participant ID Card and Photo ID Card with you to your collection facility.

Contact the FirstLab PHM Department at 800-732-3784.

Fax All Correspondence to PHM at 215-396-5611.

Highpoint Business Campus, 100 Highpoint Drive Suite 102, Chalfont, PA 18914 (800) 732-3784
International (215) 396-5500 Fax (215) 396-5611 www.firstlab.com



FirstLab Enrollment Instructions for Ohio Board of Nursing DMP (OBN DMP)

As a participant of the Ohio Board of Nursing program you are required to enroll in FirstLab's Professional Health Monitoring (PHM) testing program. Please follow the instructions outlined below to ensure timely enrollment and compliance.

1. Go to www.firstlab.com.
2. Click on the "phm login" button.
3. Then click on "Enroll with FirstLab"

FirstLab

Participant Login for CaseNotes

Login ID:

Password:

Enroll with FirstLab
Already Enrolled? [Click here](#) to create user ID and Password.
Cannot access your account? [Forgot password](#) [Forgot User ID](#)
For additional account and login information please email:
phm@firstlab.com or call 800-732-3784 and ask for your Account Representative.
[Click here](#) for the PHM Participant Manual.

4. Enter the Login and Passcode
Program Login ID: **OBNDMP**
Password: **enroll**
5. Fill in the required fields indicated with an * which includes your credit/debit card account information. You will also need to have your Participant ID or SS#. Read and electronically sign the Agreement. Then click "Submit".
6. Print and read the enrollment packet in its entirety. You **MUST** complete all forms requiring a signature and fax to the designated fax numbers as indicated.

If you do not have access to the internet, please call the FirstLab PHM Department at 1-800-732-3784 to request an enrollment packet.

Ohio Board of Nursing

Program Requirements / Frequently Asked Questions

Q: When can I begin calling FirstLab's Daily Notification System?

A: The enrollment date is indicated on your cover letter. The participant must submit his / her completed Application Form 10 to 14 days before the indicated start date. If FirstLab has not received your Application and Payment Form, you will not have access to FirstLab's Daily Notification System.

Q: How often do I need to call the Firstlab Notification System?

A: All OBN participants are required to call Firstlab's Daily Notification System everyday, including weekends and holidays.

Q: I have been scheduled to begin calling the Notification System, however the Notification System is not recognizing my social security number.

A: Contact FirstLab immediately. It is possible that FirstLab has not received your application form and payment, or your application form is incomplete.

Q: Do I need to call the Notification System even if I am traveling?

A: Yes. You are required to call FirstLab's Daily Notification System everyday, including weekends and holidays.

If you are selected to submit a urine specimen while traveling within the state of Ohio, but away from your designated collection facility, call FirstLab immediately to identify a collection facility in that area. You must provide a specimen on the day that you are selected.

You are required to submit travel notification outside of Ohio, to your case manager at least one week prior to your travel time so that an appropriate collection site can be set up.

If you are traveling outside of the state of Ohio, you are required to continue calling the Notification System. If you are selected to submit a urine specimen on a day that you are traveling outside of the state, you must use the collection site which has been set up for you.

If you will be traveling outside of the country, notify your case manager.

Q: I work in two locations, one of which is not convenient to my designated collection site. Can I choose a secondary designated collection site?

A: You may designate up to two collection sites to have on file with FirstLab. A primary site that you designate should be the site you most often report to. You can also have a secondary site, which can be a weekend site if your site is not open on the weekends, or it can be a site that is close to your place of employment.

If for some reason you can not report to either your primary or secondary site, you may utilize collection site(s) listed in your enrollment packet, as long as you contact FirstLab that day to inform them that you will be utilizing a collection site other than your designated site(s). This will enable FirstLab to track your specimen through the lab analysis process.

Q: May I utilize a collection site that is not listed on FirstLab's collection site list?

A: Only those collection sites identified on your list may be utilized. These collection sites have been approved by FirstLab. Billing and drug screen collection procedures have been arranged with these collection sites. If you would like to utilize a collection site not identified on this list, contact FirstLab. FirstLab would be happy to contact the collection site to discuss the possibility of setting up this collection site for future use in our program.

Q: What if I fail to call the Notification System on any given day?

A: Failure to call the notification system on any given day, including weekends and holidays, will be reported to OBN.

Q: What if I fail to call the Notification System on a day that I am required to submit a urine specimen?

A: Failure to call the notification system on any given day, including weekends and holidays, will be reported to OBN.

Q: Are my conversations with FirstLab confidential?

A: Absolutely. All FirstLab employees sign a confidentiality agreement; discussion can and will be shared with Ohio Board of Nursing only, any discussions outside of the PHM (Professional Health Monitoring) team are restricted.

Q: Is my involvement with my designated collection site confidential?

A: Yes, however, discussion can and will be shared with Ohio Board of Nursing. All designated collection sites are required to adhere to the guidelines set forth by the Department Of Transportation (D.O.T.). The D.O.T. specifies (49CFR40, Part §40.23) "...collection procedures and training shall clearly emphasize that the collection site person is responsible for maintaining the integrity of the specimen collection and transfer process, carefully ensuring the modesty and privacy of the donor, and is to avoid any conduct or remarks that might be construed as accusatorial or otherwise offensive or inappropriate."

Q: Do I need to call my collection site before proceeding to my collection site?

A: It is recommended that you call your designated collection site prior to proceeding to that site, to inquire of wait times and lunch breaks. Most collection sites accept walk-ins, however you may experience wait periods if your collection site does not accept appointments. You may want to ask your collector if they can suggest a good time of the day to proceed to the site. As with all doctors' offices, your designated collection site may experience slow and busy periods.

Q: What do I need to bring with me to the collection site?

A: Whenever you are selected for testing, you should always take a Chain of Custody and your FirstLab ID card, as well as government issued photo identification (Driver's License, Military ID, etc.). Be sure to show your FirstLab wallet ID card to the drug screen collector, even if the collector does not request it. This ID card will indicate to the collector what form needs to be completed during the collection process. The collector is also required to see your photo ID or driver's license.

Q: How long will the urine drug screen collection take?

A: Please take into account wait time when proceeding to your designated collection site. This time may vary depending on which facility you use, the time of day, etc. The actual collection of the specimen should take approximately 5-10 minutes. However, it is suggested that you contact your designated collection site before proceeding to that site, to inquire of expected wait times. If you are unable to produce a minimum of 30ml of specimen, you will be asked to wait for a period of no longer than 3 hours before providing a second specimen of sufficient quantity. You must not leave the collection facility before providing a specimen.

Q: Do I need to pay the collection site?

A: Yes. You must pay the collection fee only at the time of collection. If you use a LabCorp site, collections are "free" - the cost of collection is included in the FirstLab charge.

Q: What if I don't have access to a credit card?

A: You may want to contact your bank to apply for a "secure" credit card. Or you can contact your financial institution for a Prepaid Visa or Mastercard.

OH	Cincinnati	TriState Urgent Care - WEEKEND	5002 Ridge Ave	45209	513-531-1505	0900-2200	0900-2200	0900-2200	0900-2200	0900-2200	0900-2200	0900-2200	0900-2200	0900-2200	0900-2200	0900-2200	0900-2200
OH	Circleville	LabCorp- SATURDAY	116 Morris Rd	43113	740-477-3596	0700-1530	0700-1530	0800-1130	0700-1530	0700-1530	0700-1530	0700-1530	0700-1530				
OH	Circleville	Occupational Health Center	1434 Circleville Plaza	43113	740-420-7975	0800-1700	0800-1700	0800-1700	0800-1700	0800-1700	0800-1700	0800-1700	0800-1700				
OH	Cleveland	Advantage Healthcare	2910 Euclid Ave	44115	216-812-6338	0900-1700	0900-1700	0900-1700	0900-1700	0900-1700	0900-1700	0900-1700	0900-1700				
OH	Cleveland	Concentra Medical Centers	5500 South Marginal Road	44103	216-426-9020	0700-1900	0700-1900	0700-1900	0700-1900	0700-1900	0700-1900	0700-1900	0700-1900				
OH	Cleveland	Concentra Medical Centers	4660 Hinckley Industrial Parkway	44109	216-749-2730	0700-1900	0700-1900	0700-1900	0700-1900	0700-1900	0700-1900	0700-1900	0700-1900				
OH	Cleveland	St. Vincent Occ. Health Centers	2322 E. 22nd Street Ste 101	44115	216-363-2691	0730-1800	0730-1800	0730-1800	0730-1800	0730-1800	0730-1800	0730-1800	0730-1800				
OH	Cleveland Heights	LabCorp- SATURDAY	5 Severance Circle Suite 210	44118	216-382-3658	0800-1700	0800-1700	0800-1700	0800-1700	0800-1700	0800-1700	0800-1700	0800-1700				
OH	Coldwater	Mercer Health- 24/7	800 West Main St	45828	419-678-5164	00-00	00-00	00-00	00-00	00-00	00-00	00-00	00-00				00-00
OH	Columbus	Cornerstone of Recovery	7400 Huntington Park Dr	43235	614-889-0000	0900-1600	0900-1600	0900-1600	0900-1600	0900-1600	0900-1600	0900-1600	0900-1600				
OH	Columbus	EMSI	1545 Bethel Rd Suite 100	43220	614-410-3927	0800-1700	0800-1700	0800-1700	0800-1700	0800-1700	0800-1700	0800-1700	0800-1700				
OH	Columbus	HomeTown Urgent Care- WEEKEND	2880 Steizer Rd	43219	614-472-2880	0830-1930	0830-1930	0830-1930	0830-1930	0830-1930	0830-1930	0830-1930	0830-1930				0900-1700
OH	Columbus	LabCorp	55 Dillmont Drive Ste. 101	43235	614-842-4303	0800-1700	0800-1700	0800-1700	0800-1700	0800-1700	0800-1700	0800-1330					
OH	Columbus	LabCorp	4830 Knightsbridge Blvd	43214	614-451-2350	0730-1630	0730-1630	0730-1630	0730-1630	0730-1630	0730-1630	0730-1630	0730-1630				
OH	Columbus	LabCorp- SATURDAY	Suite K 4998 West Broad St. Suite 112	43228	614-878-1567	0700-1630	0700-1630	0800-1500	0700-1630	0700-1630	0700-1630	0700-1630	0800-1200				
OH	Columbus	LabCorp- SATURDAY	6465 East Broad Street Suite A1	43213	614-866-3806	0700-1700	0700-1700	0700-1700	0800-1430	0700-1700	0700-1700	0700-1700	0800-1130				
OH	Columbus	Med Columbus	1020 Dennison Ave Suite 200	43201	614-564-9067	0800-1800	0800-1800	0800-1800	0800-1800	0800-1800	0800-1800	0800-1800					
OH	Columbus	Ohio State Univ. Hospital East - Occ. Med.	932 Taylor Ave	43205	614-293-2587	0800-1700	0800-1700	0800-1700	0800-1700	0800-1700	0800-1700	0800-1700					

OH	Columbus	OSU Occupational Medicine - East	543 Taylor Ave 2nd Fl	43203	614-688-6492	0800-1700	0800-1700	0800-1700	0800-1700	0800-1700	0800-1700	0800-1700	0800-1700					
OH	Columbus	OSU Occupational Medicine - West	86 N Wilson Rd	43204	614-293-3500	0800-1700	0800-1700	0800-1700	0800-1700	0800-1700	0800-1700	0800-1700	0800-1700					
OH	Columbus	Polaris Urgent Care	1120 Polaris Pkwy	43240	614-847-1120	0900-2100	0900-2100	0900-2100	0900-2100	0900-2100	0900-2100	0900-2100	0900-2100	0900-2100				
OH	Columbus	Premium Medical Care- WEEKEND	909 Morse Road	43229	614-261-8188	1000-1600	1000-1600	1000-1600	1000-1600	1000-1600	1000-1600	1000-1600	1000-1600	1130-1500	1200-1500			
OH	Columbus	U. S. Healthworks	4821 Roberts Road	43228	614-850-1476	0800-1800	0800-1800	0800-1800	0800-1800	0800-1800	0800-1800	0800-1800	0800-1800					
OH	Columbus	U. S. Healthworks	4849 E. Main Street	43213	614-863-5188	0800-1800	0800-1800	0800-1800	0800-1800	0800-1800	0800-1800	0800-1800	0800-1800					
OH	Columbus	Urgent Care Physicians Center	720 Worthington Woods Blvd	43085	614-785-4700	1100-2000	1100-2000	1100-2000	1100-2000	1100-2000	1100-2000	1100-2000	1100-2000	1000-1800				
OH	Columbus	WorkHealth Downtown	223 East Town St 2nd Floor	43215	614-566-9191	0730-1630	0730-1630	0730-1630	0730-1630	0730-1630	0730-1630	0730-1630	0730-1630					
OH	Coshocton	Coshocton Laboratory International	660 Main St	43812	740-622-3971	0500-1500	0500-1500	0500-1500	0500-1500	0500-1500	0500-1500	0500-1500	0500-1500					
OH	Coshocton	Coshocton Occupational Medicine (Urgent Care)	1460 Orange St	43812	740-622-3016	0800-1700	0800-1700	0800-1700	0800-1700	0800-1700	0800-1700	0800-1700	0800-1700					
OH	Cuyahoga Falls	ARCpoint	111 Stow Ave Suite 106	44221	330-923-8925	0900-1700	0900-1700	0900-1700	0900-1700	0900-1700	0900-1700	0900-1700	0900-1700					
OH	Cuyahoga Falls	EMSI of Akron	654 Portage Trail West	44221	330-923-8255	0830-1630	0830-1630	0830-1630	0830-1630	0830-1630	0830-1630	0830-1630	0830-1630					
OH	Cuyahoga Falls	SWRC Urgent Care- WEEKEND	1860 State Road Suite E	44223	330-688-7900	0800-1900	0800-1900	0800-1900	0800-1900	0800-1900	0800-1900	0800-1900	0800-1900	0900-1600	0900-1600			
OH	Dayton	Affiliated Medical Services-APPTS REQUIRED	2555 S Dixie Dr #101B	45409	937-294-5988	0830-1700	0830-1700	0830-1700	0830-1700	0830-1700	0830-1700	0830-1700	0830-1700					
OH	Dayton	Concentra Medical Center - (PETH, BAT)	228 Troy Street	45404	937-228-8132	0700-1700	0700-1700	0700-1700	0700-1700	0700-1700	0700-1700	0700-1700	0700-1700					

OH	Mt. Gilead	Recovery & Prevention Resources	950 Meadow Drive, Suite C	43338	419-947-4055	0830-1700	0830-1700	0830-1700	0830-1700	0830-1700	0830-1700	0830-1700	0830-1700					
OH	Napoleon	Henry County Hosp - Lab	1600 E River View Ste 106	43545	419-592-4015	0700-1900	0700-1900	0700-1900	0700-1900	0700-1900	0700-1900	0700-1900	0700-1900	0700-1200				
OH	New Philadelphia	Occupational Medicine	306 W. High Ave	44663	330-339-9211	0700-1700	0700-1700	0700-1700	0700-1700	0700-1700	0700-1700	0700-1700	0700-1700					
OH	Newark	LabCorp	95 S. Terrace Ave.	43055	740-522-2034	0700-1600	0800-1700	0700-1600	0800-1700	0700-1600	0800-1700	0700-1600	0800-1700					
OH	Newark	Ohio Health Consortium (appt only)	1032 Buckeye Ave.	43055	740-344-4622	0830-1730	0830-1730	0830-1730	0830-1730	0830-1730	0830-1730	0830-1730	0830-1730					
OH	Norwalk	Fisher-Titus Industrial Health Services	28 Executive Drive	44857	419-663-6464	0800-1630	0800-1630	0800-1630	0800-1630	0800-1630	0800-1630	0800-1630	0800-1630					
OH	Oakwood Village	Concentra Medical Centers- Hair/call for appt)	7730 First Place Suite D	44146	440-735-0438	0800-1700	0800-1700	0800-1700	0800-1700	0800-1700	0800-1700	0800-1700	0800-1700					
OH	Oregon	Mercy Occ Health @ St Charles	2600 Navarre Ave	43616	419-696-7493	0800-1700	0800-1700	0800-1700	0800-1700	0800-1700	0800-1700	0800-1700	0800-1700					
OH	Oregon	Occupational Care Consultants	3028 Navarre Ave.	43616	419-697-6850	0800-1800	0800-1800	0800-1800	0800-1800	0800-1800	0800-1800	0800-1800	0800-1800					
OH	Oregon	Oregon Urgent Care & Family Practice- WEEKEND	3232 Navarree Avenue	43616	419-691-0636	0900-2100	0900-2100	0900-2100	0900-2100	0900-2100	0900-2100	0900-2100	0900-2100	0900-2100	1000-1800			
OH	Orville	Autworks Occupational Medicine	832 S Main St	44667	330-684-4767	0800-1700	0800-1700	0800-1700	0800-1700	0800-1700	0800-1700	0800-1700	0800-1700					
OH	Parma	Advanced Medical Svcs	5793 Ridge Road	44129	216-502-4320	0900-1600	0900-1600	0900-1600	0900-1600	0900-1600	0900-1600	0900-1600	0900-1600					
OH	Parma	Advantage Health Care- SATURDAY	6907 BrookPark Road	44129	216-398-0349	0800-2000	0800-2000	0800-2000	0800-2000	0800-2000	0800-2000	0800-2000	0800-2000	1000-1600				
OH	Parma	Employers Healthsources	6115 Powers Blvd Suite 200	44129	440-743-7373	0800-1700	0800-1700	0800-1700	0800-1700	0800-1700	0800-1700	0800-1700	0800-1700					
OH	Parma	LabCorp	6789 Ridge Road Suite 210	44129	440-884-1591	0700-1630	0700-1630	0700-1630	0700-1630	0700-1630	0700-1630	0700-1630	0700-1630					
OH	Paulding	Paulding County Hospital- SATURDAY	1035 W. Wayne	45879	419-399-1142	0700-2100	0700-2100	0700-2100	0700-2100	0700-2100	0700-2100	0700-2100	0700-2100	0700-1400				

WV	Parkersburg	LabCorp	1212 Garfield Ave	26101	304-422-2802	0730-1530	0730-1530	0730-1530	0730-1530	0730-1530	0730-1530		
			Suite 101										
WV	Wheeling	Corporate Health	Wheeling Hospital	26003	304-243-3784	0730-1600	0730-1600	0730-1600	0730-1600	0730-1600	0730-1600		
			1 Medical Park Rd										