

**HAVE YOU COMPLETED A
DRUG SCREENING AND
TUBERCULOSIS (TB) TEST
WITHIN THE PAST 2 YEARS?**

**IF YES, YOU CAN SKIP THE
INITIAL SCREENING PROCESS
AND ARE ELIGIBLE TO RECEIVE
COUNTY OF SAN DIEGO
INTERPRETING REQUESTS
IMMEDIATELY!**

Simply submit your Drug Screening and/or TB Test results to Hanna by:

Email: info@hannais.com
Fax: (619) 741-0017
Mail or drop off: Hanna Interpreting Services
10783 Jamacha Blvd., Ste. 8,
Spring Valley, CA 91978.



If you have **not completed a Drug Screening and/or TB Test within the past 2 years, you must do so in order to be eligible to receive any interpreting requests from the County of San Diego.**

Hanna Interpreting Services has partnered with **Marque Urgent Care** to perform cheap and easy Drug Screening and Tuberculosis (TB) Testing for all of its contractors. Simply print and take pages 3 through 7 of this document to any Marque location to expedite the process!

Marque Urgent Care has 4 locations around San Diego County.

They are open Monday-Saturday from 7 AM to 10 PM & Sunday from 8 AM to 6 PM

Appointments are not necessary, and walk-ins are accepted!

View current wait times at <https://www.marquemedical.com/current-wait-times/>

DRUG SCREENING (Urine/Five-Panel Test):

The cost of a drug screening at Marque Urgent Care is \$25.00. If you submit your completed results to Hanna before **August 15th, 2018**, we will reimburse you for 50% of the test cost if it is completed at Marque, bringing your total for the drug screening to only \$12.50!*

TUBERCULOSIS (TB) TESTING (Skin Test):

A TB Test can also be done at Marque Urgent Care during the same visit as your drug screening. The cost of a TB Test at Marque Urgent Care is \$25.00. If you submit your completed results to Hanna before **August 15th, 2018**, we will reimburse you for 50% of the test cost if it is completed at Marque, bringing your total for the TB Test to only \$12.50!*

*Another option for TB Testing is through your primary doctor. Most health insurance companies (including Med-Cal and Medi-Care) **cover 100% of the costs** of a TB Test if it is completed at your primary doctor's office. If you decide to go to your primary doctor for testing, please speak to your health insurance or doctor's office for details.*

DETAILS:

In order to receive the 50% reimbursement from Hanna for either test, a receipt and cleared test results for **both the drug screening and TB Testing must be submitted to Hanna before August 15th, 2018. A maximum of \$12.50 will be reimbursed by Hanna for each test.*

**Hanna will not reimburse any other costs or any other testing, including TB PPD X-Ray Tests. Test date(s)/receipts must be dated between 8/1/18 to 8/15/18 to qualify for reimbursement.*

Reimbursements will be issued in the form of a check. To expedite the process, we recommend physically dropping off the results and receipt to our office and you'll immediately be given a check.

Simply submit your receipt, Drug Screening or TB Test results to Hanna by:

Email: info@hannais.com

Fax: (619) 741-0017

Mail or drop off: Hanna Interpreting Services
10783 Jamacha Blvd., Ste. 8, Spring Valley, CA 91978

MARQUE URGENT CARE

877-MY-DOC-NOW (693-6266)
www.MarqueUrgentCare.com

PATIENT'S NAME _____

SERVICE REQUESTED:

DRUG SCREEN

INJURY _____ date of injury

PHYSICAL EXAM _____ type of exam

OTHER _____ specify

EMPLOYER _____

San Diego Locations

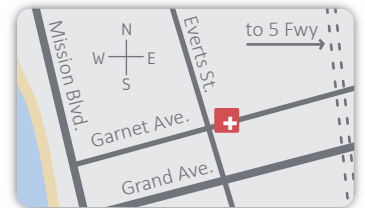
EASTLAKE

2315 Otay Lakes Rd, Ste. 306
Chula Vista, 91914
FAX (619) 946.4701
Mon. - Sat. 7 am to 10 pm
Sunday 8 am to 6 pm



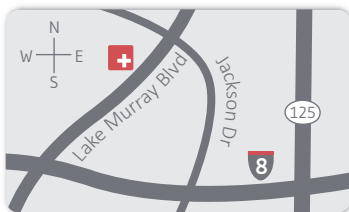
PACIFIC BEACH

4490 Fanuel Street
San Diego, 92109
FAX (858) 274.9161
Mon. - Sat. 7 am to 10 pm
Sunday 8 am to 6 pm



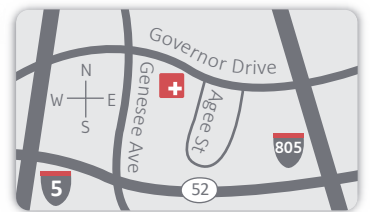
GROSSMONT

6136 Lake Murray Blvd.
La Mesa, 91942
FAX (619) 303.5595
Mon. - Sat. 7 am to 10 pm
Sunday 8 am to 6 pm



UNIVERSITY TOWN CENTER

4085 Governor Drive
San Diego, 92122
FAX (858) 888.7801
Mon. - Sat. 8 am to 8 pm
Sunday 8 am to 6 pm



Orange County Locations

ALISO VIEJO, BUENA PARK, MISSION VIEJO, NEWPORT BEACH, SANTA MARGARITA

Suspect a Concussion? Marque HeadStrong is Here for You



Marque Medical utilizes BrainScope One, a head injury assessment tool that uses state-of-the-art technology to help diagnose both structural brain injury that would be visible on a CT scan, and functional abnormalities that are indicative of a concussion. It's FDA cleared and radiation free. www.StayHeadStrong.com

Online Check-In



Get in line at work! We can text or call you with the status of your place in line. It's easy and hassle-free!



5-Panel Rapid Drug Screen Consent Form

Name: _____ Date: _____

DOB: _____

Address: _____

Employer: _____

I give my consent for Marque Medical Group to perform a drug screen test and release the results to my employer:

Employee Signature: _____

Prescription Medications: _____

Controlled substances must be verified by a doctor. Bring prescription/pill bottle within 24 hours

Over the Counter Medications: _____

Copy of License: _____ Medication Verification by Nurse: _____

CONTROLLED MEDICATION VERIFIED BY DOCTOR: _____ Date: _____

Drug Name	Positive	Negative
Amphetamines		
Methamphetamines		
Marijuana		
Cocaine		
Opiates		

Test	Abnormal Low	Normal	Abnormal High
Creatinine			
Nitrate			
PH			
Bleach			
Specific Gravity			
Urine Temp			

Signature of provider: _____

Test Performed By: _____

Results given to patient by: _____



Please answer the following questions:

Why do you need a TB Test Today? _____

Have you ever had a positive TB test?	Yes	No	Unknown
Have you ever had a reaction to a TB test?	Yes	No	Unknown
Have you ever taken medication for Tuberculosis?	Yes	No	Unknown
What country were you born in?	Yes	No	Unknown
If you were born outside the US when did you come to the US?	Yes	No	Unknown
Have you been in contact with anyone who has TB?	Yes	No	Unknown
Have you ever used injection drugs?	Yes	No	Unknown
Do you have HIV/AIDS?	Yes	No	Unknown
Do you have any disease that could affect your immune system? IE cancer, leukemia	Yes	No	Unknown
Do you have diabetes?	Yes	No	Unknown
Do you have severe kidney disease?	Yes	No	Unknown
Are you underweight or do you have a disease which affects how you absorb food and nutrients?	Yes	No	Unknown
Have you had intestinal bypass or gastrectomy?	Yes	No	Unknown

Consent to Testing:

I have received information about the TB skin test and I had a chance to ask questions which were answered to my satisfaction. I agree to return in **48-72 hours** to have the test read. I understand the risks and benefits of the TB skin test and request that the test be given to me. I understand that if I am symptomatic for TB or if the TB skin test is positive, the results may be communicated to the physician with whom I will follow-up with if medical care is needed.



PATIENT INSTRUCTIONS:

A TB skin test is given to screen people for tuberculosis. A reaction to this test does not necessarily mean that you have a TB. It is important, however, to have the test site examined within 48-72 hours. If you do not return, the test will have to be repeated. Your test will not be read before _____ or after _____.

It has been explained to me that the dates and times, as written above, limit the time frame when my test can be read. My test will not be read outside of this 48-72-hour window. If it has been more than 72 hours since test administration, my test will be repeated and I may be responsible for the cost of a repeat test.

_____ Patient Initials

Patient Signature _____ Date _____

Nursing Staff to complete

Administration	Test #1	Test#2
Name of person giving test		
Date and Time administered		
Site	Left/Right	Left/Right
Lot number		
Expiration date		
Administer signature		
Results		
Date and Time Read		
Number of mm	_____ mm	_____ mm
Interpretation of reading	Positive Negative	Positive Negative
Readers Signature		