

URINE INITIAL DRUG SCREEN RESULT FORM

Specimen ID Number _____

STEP 1: COMPLETED BY COLLECTOR OR EMPLOYER REPRESENTATIVE

COLLECTION SITE / COMPANY NAME _____	
NAME _____	
ADDRESS _____	SUITE _____
CITY _____	STATE _____ POSTAL CODE _____
PHONE _____	FAX _____
DONOR SSN, DRIVER'S LICENSE or EMPLOYEE I.D. NO. _____	
ID VERIFIED BY: PHOTO ID <input type="checkbox"/> EMPLOYER REP. <input type="checkbox"/>	
DONOR NAME: Last: _____	First: _____
REASON FOR TEST: Pre Employment <input type="checkbox"/> Random <input type="checkbox"/> Reasonable Suspicion / Cause <input type="checkbox"/> Post Accident <input type="checkbox"/> Return to Duty <input type="checkbox"/> Follow Up <input type="checkbox"/> Other _____	
COLLECTOR NAME (PRINT) _____	Collector Phone No. (_____) _____ Collector Fax No. (_____) _____
Read specimen temperature with in (4) minutes: <input type="checkbox"/> Yes, 90° - 100°F (32° - 38°C) <input type="checkbox"/> No, record specimen temperature here _____	

TO BE COMPLETED BY COLLECTOR

STEP 2: COMPLETED BY DONOR

DONOR CONSENT: I certify that I provided my specimen to the collector, that the specimen container was sealed with a tamper proof seal in my presence and that the information provided on this form and on the label affixed to the specimen container is correct. I hereby give permission for the release of the results of these tests to the health care provider. In the case of screening for employment or pre-employment, I also authorize release of the results of these tests to my employer or prospective employer and / or their authorized health care provider.

X _____
Signature of Donor (Print) Donor's Name (First, MI, Last) Date (Mo/Day/Yr)

Daytime Phone: _____ Evening Phone: _____ Date of Birth: _____
(Mo/Day/Yr)

TO BE COMPLETED BY DONOR

STEP 3: COMPLETED BY COLLECTOR — INITIAL TEST RESULTS

<input type="checkbox"/> ON-SITE SCREENING DEVICE preliminary results (Complete for on-site device results) Lot #: _____ Exp. Date: _____ Screen performed by: X _____ Date: _____ Remarks: _____ _____ _____	SPECIMEN VALIDITY TEST RESULTS <small>(See color chart and package insert for interpretation)</small>		DRUG NAME	NEG	PRESUMPTIVE POSITIVE	NOT TESTED	
	<input type="checkbox"/> OX	Oxidant	Normal [] Abnormal []	Amphetamine (AMP)-----	[]	[]	[]
	<input type="checkbox"/> S.G.	Specific Gravity	Normal [] Abnormal []	Barbituates (BAR)-----	[]	[]	[]
	<input type="checkbox"/> pH	pH	Normal [] Abnormal []	Benzodiazepines (BAR)-----	[]	[]	[]
	<input type="checkbox"/> NI	Nitrite	Normal [] Abnormal []	Buprenorphine (BZO)-----	[]	[]	[]
	<input type="checkbox"/> GL	GL	Normal [] Abnormal []	Cocaine (COC)-----	[]	[]	[]
	<input type="checkbox"/> CR	Creatinine	Normal [] Abnormal []	Marijuana (THC)-----	[]	[]	[]
				Methadone (MTD)-----	[]	[]	[]
				Methamphetamine (mAMP)-----	[]	[]	[]
				Ecstasy (MDMA)-----	[]	[]	[]
			Opiate (OPI/MOP)-----	[]	[]	[]	
			Oxycodone (OXY)-----	[]	[]	[]	
			Phencyclidine (PCP)-----	[]	[]	[]	
			Propoxyphene (PPX)-----	[]	[]	[]	
			Tricyclic Antidepressants (TCA)-----	[]	[]	[]	
			Fentanyl (FYL)-----	[]	[]	[]	
			Pregnancy (HCG)-----	[]	[]	[]	
			Alcohol (ALC)-----	[]	[]	[]	
			RESULTS:-----	[]	[]	[]	

PRESS HARD - YOU ARE MAKING MULTIPLE COPIES

STEP 4: COLLECTOR CERTIFICATION

COLLECTOR CERTIFICATION: I certify that the specimen given to me by the donor identified above was collected, labeled, sealed & released as noted in accordance with applicable requirements.

X _____
Signature of Collector

X _____
(Print) Collector's Name (First, MI, Last)