

Specimen ID # \_\_\_\_\_

Collection Test Date \_\_\_\_\_

**Company Information:** (Company giving the test)

Company \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Collectors Name \_\_\_\_\_ Phone \_\_\_\_\_

Specimen Temperature (90-100 F) Within Limits? Y / N Other \_\_\_\_\_ Fax \_\_\_\_\_

**Donor Information:** (Person being tested)

Donor's Name \_\_\_\_\_ SSN \_\_\_\_\_

ID # \_\_\_\_\_ ID Type \_\_\_\_\_ Expiration # \_\_\_\_\_

Notes \_\_\_\_\_

**Certification Information:** (Signatures of both parties required)

*I hereby certify that the specimen provided is my own and has not been substituted or adulterated. I further agree and grant permission for the testing of my specimen for drug metabolites and/or alcohol.*

Donor's Signature \_\_\_\_\_ Date \_\_\_\_\_

*I hereby certify that I have collected the specimen provided by the aforementioned donor and that it was not substituted or adulterated to the best of my knowledge. The specimen temperature and color were acceptable.*

Collector's Signature \_\_\_\_\_ Date \_\_\_\_\_

**Initial Screen Results:** (To be completed by screening personnel)

| Drug Name        | Device Code | Negative                 | Confirm                  | Not Tested               |
|------------------|-------------|--------------------------|--------------------------|--------------------------|
| Cocaine          | COC         | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Marijuana        | THC         | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Opiates/Morphine | OP/MOR      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Amphetamine      | AMP         | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Methamphetamine  | mAMP        | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Phencyclidine    | PCP         | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Benzodiazepine   | BZO         | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Barbiturates     | BAR         | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Methadone        | MTD         | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Tricyclic        | TCA         | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Antidepressants  |             | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Oxycodone        | OXY         | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Propoxyphene     | PPX         | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Ecstasy          | MDMA        | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

|                                             |                                           |                                                    |                                      |
|---------------------------------------------|-------------------------------------------|----------------------------------------------------|--------------------------------------|
| Alcohol Screen ALC <input type="checkbox"/> | Level ->                                  |                                                    |                                      |
| Adulteration Results                        | Oxidant In Range <input type="checkbox"/> | Specific Gravity In Range <input type="checkbox"/> | pH In Range <input type="checkbox"/> |
|                                             | Other _____                               | Other _____                                        | Other _____                          |

# Sample Report Drug Screening

**John Fay**



## **Sample Report Drug Screening:**

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