

Checkpoint™ Drug Screen Result Form

Company Information: (information about the company doing the testing)

Company _____ Phone _____

Address _____ Fax _____

City _____ State _____ Postal Code _____

Collector Name _____

Donor Information: (information about the person being tested)

Donor Name _____

Identification Type _____ Expiration _____

ID Number or SSN _____

Collection/Test Date

Negative Result



- Without the presence of alcohol in the breath the crystals will retain their original yellow coloring, which indicates a negative result

Non-Negative Result



- In the presence of alcohol the yellow crystals will lose their coloring and turn a pale blue or green, which indicates a positive test

Alcohol

Negative

Positive

Certification Information: (must be signed by Donor and Collector)

I hereby certify that I collected the specimen provided by the aforementioned Donor and that it was not substituted or adulterated to the best of my knowledge.

Collector Signature _____

Date _____

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 breath for alcohol testing.

Donor Signature _____

Date _____