

# E-Z Split Drug Screen Result Form

**Company Information:**

Company \_\_\_\_\_ Phone \_\_\_\_\_  
 Address \_\_\_\_\_ Fax \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Postal Code \_\_\_\_\_  
 Collector Name \_\_\_\_\_

Specimen Temperature: (90 – 100 F) In Range? (Circle response) YES NO

**Donor Information:**

Donor Name \_\_\_\_\_  
 Identification Type \_\_\_\_\_ Expiration \_\_\_\_\_  
 ID Number or SSN \_\_\_\_\_

**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. The specimen temperature and color were acceptable.

Collection/Test Date

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 urine specimen for drug metabolites and, or alcohol.

Donor Signature \_\_\_\_\_

Date \_\_\_\_\_

“NEGATIVE” EXAMPLE

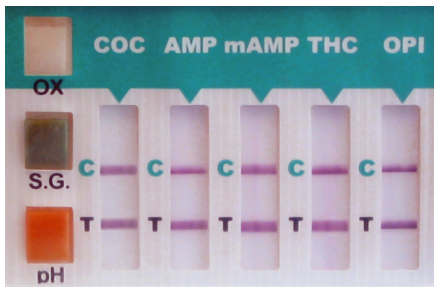


Diagram above shows a NEGATIVE Result

“POSITIVE” EXAMPLE

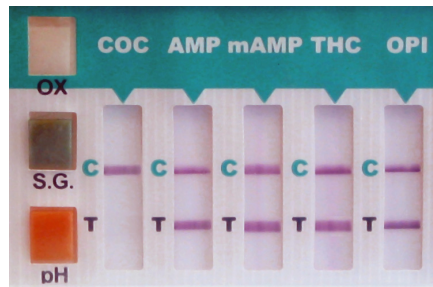


Diagram above shows a COC POSITIVE

“INVALID” EXAMPLE

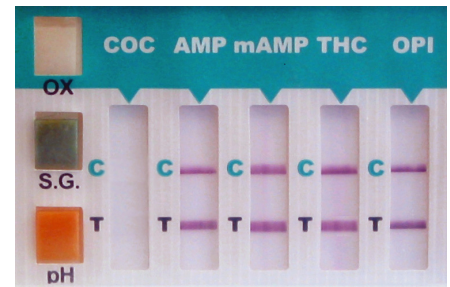


Diagram above shows an INVALID result.

**Adulterant Pads (If Provided)**

	Normal	Abnormal
Oxidants (OX)	<input type="checkbox"/>	<input type="checkbox"/>
Specific Gravity (SG)	<input type="checkbox"/>	<input type="checkbox"/>
Acidity (pH)	<input type="checkbox"/>	<input type="checkbox"/>

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	OPI/MOP	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Amphetamines	AMP	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Methamphetamines	mAMP	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ecstasy	MDMA	<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"/>
Tri-Cyclic Antidepressants	TCA	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>