

Drug Screen Result Form

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

Company _____ Phone _____

Address _____ Fax _____

City _____ State _____ Postal Code _____

Collector Name _____

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

Donor Information: (information about the person being tested)

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 _____

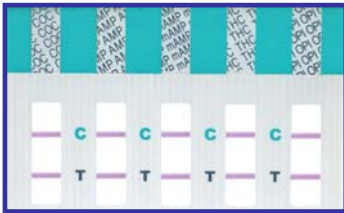
Date _____

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 _____

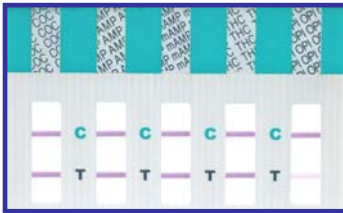
Date _____

Negative Result



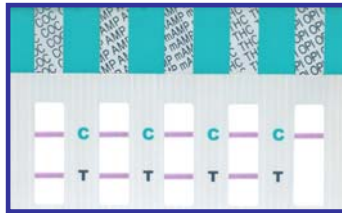
This screen shows a **NEGATIVE** result

Negative Result



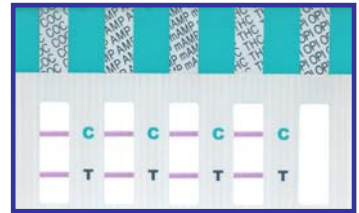
This Screen shows a **NEGATIVE** result, even a very **light red** line indicates a **NEGATIVE** result.

Non-Negative Result



This screen shows an **OPI** **NON-NEGATIVE** result

Invalid Result



This screen 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"/>
Nitrates (NIT)	<input type="checkbox"/>	<input type="checkbox"/>
Acidity (pH)	<input type="checkbox"/>	<input type="checkbox"/>
Glutaraldehyde (GLUT)	<input type="checkbox"/>	<input type="checkbox"/>
Creatinine (CRE)	<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	<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"/>
Oxycodone	OXY	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tri-Cyclic Antidepressants	TCA	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>