

**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**

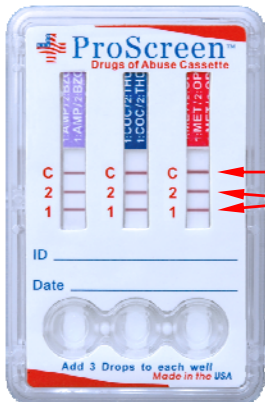
This Screen shows a **NEGATIVE** result, even a very **light line** indicates a **NEGATIVE** result.

**Non-Negative Result**

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

**Invalid Result**

This screen shows an **INVALID** result



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"/>
Methylendioxyamphetamine	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"/>