

TEST RESULTS RECORD

COMPANY INFORMATION

COMPANY NAME: _____
ADDRESS: _____ FAX: _____
CITY: _____ STATE: _____ ZIP: _____
NAME OF COLLECTOR: _____ PHONE: _____

DONOR INFORMATION

LAST NAME: _____ FIRST NAME: _____
EMPLOYEE ID: _____
TYPE OF IDENTIFICATION PROVIDED:
DRIVER'S LICENSE _____ EMPLOYEE PHOTO ID _____ OTHER _____

SCREEN RESULTS "CONFIRM" RESULTS MUST BE CONFIRMED BY LABORATORY

TEST REF #: _____ TIME COLLECTED _____ TIME INTERPRETED _____
TEMPERATURE: _____ NORMAL (90-100°F) _____ OTHER _____

DRUG NAME	SYMBOL	NEGATIVE	CONFIRM	N/A
COCAINE	(COC)	_____	_____	_____
MARIJUANA	(THC)	_____	_____	_____
OPIATES	(OPI)	_____	_____	_____
AMPHETAMINES	(AMP)	_____	_____	_____
PHENCYCLIDINE	(PCP)	_____	_____	_____
BENZODIAZEPINE	(BZD)	_____	_____	_____
BARBITURATE	(BAR)	_____	_____	_____
METHADONE	(MTD)	_____	_____	_____
METHAMPHETAMINE	(MET)	_____	_____	_____
TRICYCLIC ANTIDEPRESSANTS	(TCA)	_____	_____	_____
ECSTASY	(MD MA)	_____	_____	_____
PROPOXYPHENE	(DARVON)	_____	_____	_____

ADULTERANTS:	NORMAL	ABNORMAL	N/A
1.CREATININE	_____	_____	_____
2.NITRITES	_____	_____	_____
3.PH	_____	_____	_____
4.SPECIFIC GRAVITY	_____	_____	_____

CERTIFICATION

I HEREBY AGREE TO SUBMIT TO A URINALYSIS FOR THE PURPOSE OF TESTING FOR DRUG METABOLITES.
THE SPECIMEN PROVIDED IS MY OWN AND HAS NOT BEEN SUBSTITUTED OR ADULTERATED.

DONOR SIGNATURE
I HEREBY CERTIFY THE SPECIMEN HAS BEEN PROVIDED BY THE DONOR IDENTIFIED ABOVE.

DATE /TIME

COLLECTOR SIGNATURE
I HEREBY CERTIFY THAT A SECURE SAMPLE WAS RECEIVED FOR CONFIRMATION.

DATE /TIME

LABORATORY SIGNATURE

DATE /TIME RECEIVED