

Preliminary Drug Screen Result Form

Company Information

Company Name: _____

Address: _____

Phone: _____ Fax: _____

Donor Information

Donor Name: _____ SSN or ID#: _____

Test Information

Reason for Test: Pre Employment Random Post Accident Reasonable Suspicion Periodic

Date of Collection: _____ Time of Collection: _____ : _____ AM / PM

Specimen Type: Oral Fluid Urine Temperature 90 – 100° F : YES NO

Test Lot #: _____ Remarks: _____

Certification and Consent

I 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 specimen for the presence of drugs and/or alcohol. Also, I hereby give permission for the release of the results of these test to my employer/prospective employer and/or their authorized healthcare professionals.

Donor Signature: _____ Date: _____

I 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: _____

Preliminary Test Results

- | | | |
|--|--|---|
| <input type="checkbox"/> Negative for all | <input type="checkbox"/> Marijuana -THC | <input type="checkbox"/> Cocaine - COC |
| | <input type="checkbox"/> Opiate-Morphine - OPI/MOR | <input type="checkbox"/> Methamphetamine - mAMP |
| | <input type="checkbox"/> Amphetamine – AMP | <input type="checkbox"/> Phencyclidine - PCP |
| | <input type="checkbox"/> Barbiturates – BAR | <input type="checkbox"/> Benzodiazepine - BZO |
| <input type="checkbox"/> Positive | <input type="checkbox"/> Methadone – MTD | <input type="checkbox"/> Ecstasy-MDMA |
| for the drugs marked: | <input type="checkbox"/> Tricyclic-TCA | <input type="checkbox"/> Oxycodone - OXY |
| | <input type="checkbox"/> Propoxyphene – PPX | <input type="checkbox"/> Alcohol - ALC |

Remarks: (eg. specimen integrity checks) _____

Confirmation

Specimen Sent to Lab for GC/MS Confirmation: YES NO Laboratory Specimen ID #: _____