

Preliminary Drug Screen Result Form

Company Information

Company: _____ Location/Branch: _____

Address: _____

Phone: _____ Email/Fax: _____

Donor Information

Donor Name: _____ SSN or ID#: _____

Test Information

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

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

Specimen Type: Oral Fluid Hair (Source: Head Body) Urine (Temp 90–100° F?: YES NO)

Part # _____ Lot # _____ Expires _____ Remarks: _____

Consent and Certification

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, supervising government agency, 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"/> Invalid | <input type="checkbox"/> Phencyclidine – PCP | <input type="checkbox"/> Benzodiazepine - BZO |
| <input type="checkbox"/> Negative for ALL | <input type="checkbox"/> Barbiturates – BAR | <input type="checkbox"/> Propoxyphene - PPX |
| <input type="checkbox"/> Positive for Drug(s) Checked: | <input type="checkbox"/> Methadone – MTD | <input type="checkbox"/> Ecstasy-MDMA |
| <input type="checkbox"/> Marijuana -THC | <input type="checkbox"/> 6 Acetylmorphine – 6AM | <input type="checkbox"/> Oxycodone - OXY |
| <input type="checkbox"/> Cocaine - COC | <input type="checkbox"/> K2/Spice – K2 | <input type="checkbox"/> Tramadol - TRA |
| <input type="checkbox"/> Opiate-Morphine - OPI/MOR | <input type="checkbox"/> Buprenorphine – BUP | <input type="checkbox"/> Fentanyl - FTY |
| <input type="checkbox"/> Methamphetamine – mAMP | <input type="checkbox"/> Alcohol - ETOH ALC | <input type="checkbox"/> Alcohol - ETG |
| <input type="checkbox"/> Amphetamine – AMP | <input type="checkbox"/> Methadone Metabolite – EDDP | <input type="checkbox"/> Hydrocodone - HYD |
| | <input type="checkbox"/> Ketamine – KET | <input type="checkbox"/> Gabapentin -GAB |
| | <input type="checkbox"/> Kratom – KRA | <input type="checkbox"/> Methaqualone - MQL |

Remarks:(eg. Specimen Integrity, Refusal): _____

Confirmation

Specimen Sent to Lab for Confirmation: YES NO Lab Name/Specimen ID #: _____