

**Company Information:** (Company administering screening)

Company \_\_\_\_\_  
 Address \_\_\_\_\_ Suite \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Postal Code \_\_\_\_\_  
 Collector's Name \_\_\_\_\_ Phone \_\_\_\_\_ Fax \_\_\_\_\_

**Donor Information:** (Person being tested)

Donor's Name \_\_\_\_\_ Employee ID# or Last Name: \_\_\_\_\_  
 ID# or SSN \_\_\_\_\_  
 Identification Type \_\_\_\_\_ Expiration \_\_\_\_\_

**Certification Information:** (Must be signed by both Donor and Collector)

*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 specimen for drug metabolites and/or alcohol.*

\_\_\_\_\_  
 Donor's Signature \_\_\_\_\_ Date \_\_\_\_\_

*I hereby certify that I collected the specimen provided by the aforementioned donor and that, to the best of my knowledge, it was not substituted or adulterated. The specimen temperature and color were acceptable.*

\_\_\_\_\_  
 Collector's Signature \_\_\_\_\_ Date \_\_\_\_\_

**Initial Screen Results:** (All "Positive" results must be confirmed by GC/MS confirmation)

Drug Name	Device Code	Negative	Positive	Not Tested
Amphetamines	AMP	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Barbiturates	BAR	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Benzodiazepine	BZO	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Buprenorphine	BUP	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cocaine	COC	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Marijuana	THC	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Methadone	MTD	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Methamphetamine	mAMP	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Methylenedioxymethamphetamine	MDMA	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Opiates/Morphine	OPI/MOP	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Oxycodone	OXY	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Phencyclidine	PCP	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Propoxyphene	PPX	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tricyclic Antidepressants	TCA	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ALCOHOL SCREEN	ALC	<input type="checkbox"/>	Level:	

**Adulteration Panel Results:** (see color chart and package insert for interpretation)

OX/PCC	<b>Oxidant/PCC:</b> In Range <input type="checkbox"/> Other:	S.G.	<b>Specific Gravity:</b> In Range <input type="checkbox"/> Other:	pH	<b>pH:</b> In Range <input type="checkbox"/> Other:
NIT	<b>Nitrite:</b> In Range <input type="checkbox"/> Other:	GLU	<b>Gluderaldehyde:</b> In Range <input type="checkbox"/> Other:	CRE	<b>Creatinine:</b> In Range <input type="checkbox"/> Other:
Specimen Temperature (90-100 F):		In Range <input type="checkbox"/>		Other:	