## DrugCheck™ **TEST RESULTS RECORD**

Patient ID#	I	Name o	f Testing	Officer:		Date:			
Referred By:				Phone:			Fax:		
Employee / Patient I.DF					me:	t Name:			
Type of Identification	n Provided:	Drive	er's Licer	nse 🗌	Employee Photo I	.D. 🗌	Other		
Reason for test: P	re-employm	ent 🔲	Rand	dom 🔲	Reasonable Suspic	ion 🗌	Post-incident	Other	
= =	e specimen p		-		not been substituted or ac nen for drug metabolites		Place this side of	tighten cup lid. the page, and	
Donor signature					Date / Time		window of Side 1 of cup, face down on photocopier or scanner.		
	nentioned do	-			h <b>AS/NZS4308</b> requirementituted or adulterated to t		Cut out/remove for Results Wind		
Testing Officer's Signature			Oprior Name /s.D.  Donor Name /s.D.  To one promit promit	Collector Indian					
Laboratory signature					Date / Time Received				
TEST RESULTS  Date/Time Collected:  Specimen Temperature: Normal: 32° to 38°C					ime Interpreted		C = Custos Anterpresantario D		
				_	Its should be confirmed by labo	ratory GCMS	Massar or tree VISA	3007049	
Drug Name	Abbrev	NEG	POS	Invalid	Adulterants	Norm	Abnorm		
Amphetamines	AMP				Creatinine (CR)				
Benzodiazepines	BZO				Nitrite (NI)				
Buprenorphine	BUP				Glutaraldehyde				
Cocaine	COC				рН				
Methadone	MTD				Specific Gravity (SG)				
Methamphetamines	MET				Oxidants				
Opiates 300	OPI								
Opiates 2000	OPI2000				Alcohol	Concer	tration		
Oxycodone	OXY				Result:				
Marijuana	THC				0 % - 0.20%				

## DrugCheck™ **TEST RESULTS RECORD** SIDE 2



Patient ID#		I	Name of Testing Officer:				Date:				
Referred By:		Phone:				Fax:					
Employee / Patient I.		First Name:				Last Name:					
Type of Identification	n Provided:	Drive	er's Licer	nse 🗌	Employee Photo I	I.D.	Other				
Reason for test: P	re employm	ent 🗌	Rand	dom	Reasonable Suspic	ion 🗌	Post incident	Other			
RESULTS: WII  Important: Firmly tip Place this side of the window of Side 2 of connection on photocopier or scanner.  Cut out/remove to for Results Window.	ghten cup licture page, and sup, face downer.	I he I fund on Do	CERTIFICATION  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 alcohol.  Donor signature  Date / Time  I hereby certify that I collected the specimen, in accordance with AS/NZS4308 requirements, provided by the aforementioned donor, and that it was not substituted or adulterated to the best of my knowledge.								
DONAR PROPERS  Condense Services Servic			Testing Officer's Signature  Laboratory signature  Date / Time Received  TEST RESULTS  Date/Time Collected: Time Interpreted								
Sector of the Victor	\$1070		Specimen Temperature: Normal: 32° to 38°C Other								
Drug Name	Abbrev	NEG	POS	Invalid	read within 4 mins. of collection  Adulterants	Non negative Norm	Abnorm	mad his lahamtans COMS			
Amphetamines	AMP				Creatinine (CR)						
Benzodiazepines	BZO				Nitrite (NI)						
Buprenorphine	BUP				Glutaraldehyde						
Cocaine	coc				рН						
Methadone	MTD				Specific Gravity (SG)		T $\square$				
Methamphetamines	MET				Oxidants						
Opiates 300	OPI										
Opiates 2000	OPI2000				Alcohol	Conce	entration				
Oxycodone	OXY				Result: 0 % 0.20%						
Marijuana	THC										