



Easy@Home  
 Customer Service 855.822.6999  
 M-F 9am-5pmCT  
<http://healthcare-manager.com/>

Specimen ID No: \_\_\_\_\_

Collection Test Date: \_\_\_\_\_

## Preliminary On-site Drug Test Results Form

<b>COMPANY INFORMATION:</b>						
Company: _____						
Address: _____						
City: _____		State: _____		Zip code: _____		
Collector's Name: _____			Phone: _____			
Specimen Temperature: (90-100 F) In Range <input type="checkbox"/> Other: _____ Fax: _____						
<b>DONOR INFORMATION:</b>				<i>Employee ID or Last Name:</i>		
Donor Name: _____						
ID# or SSN: _____						
Identification Type: _____						
Notes: _____						
<b>CERTIFICATE INFORMATION:</b> <i>(MUST BE SIGNED BY BOTH THE DONOR AND COLLECTOR)</i>				<i>Donor's Signature:</i>		
<i>I hereby certify that the specimen provided is my own and has not been substituted or altered. I agree &amp; give permission for the testing of my specimen for drug metabolites and/or alcohol.</i>				<i>Date:</i>		
<i>I hereby certify that I collected the specimen provided by the aforementioned Donor &amp; to the best of my knowledge it was not substituted or altered. The specimen temperature &amp; color were acceptable.</i>				<i>Collector's Signature:</i>		
				<i>Date:</i>		
Initial Screen Results: (All "Confirm" or Non-negative results must be confirmed using GC/MS)			<b>TEST RESULTS:</b>			
	Drug Name	Device Code	NEG	POS	Invalid	N/A
/	Amphetamine	AMP				
/	Barbiturates	BAR				
/	Benzodiazepines	BZO				
/	Cocaine	COC				
/	Marijuana	THC				
/	Methadone	MTD				
/	Methamphetamine	MET				
/	Methylenedioxymethamphetamine	MDMA				
/	Opiate	OPI				
/	Phencyclidine	PCP				
/	Tricyclic Antidepressants	TCA				
/	Buprenorphine	BUP				
/	Oxycodone	OXY				
/	Propoxyphene	PPX				

**Additional Comments:**