DRUG TESTING KITS UK

SCREENING FORM

Drugtests.co.uk

Please fill in the top portion of this form using ballpoint pen

Donor name:	Ref No:
Date of sample collection:	Date of test (if different):

List any medication taken in the last 3 weeks (include self-administered). Please include any over-the-counter medication, eg for headaches, coughs, colds, ie nasal sprays, etc.

DONOR STATEMENT:

I hereby consent to the following screening tests for the detection of drugs and/or their metabolites from a sample of my urine/saliva. I am fully aware of the policy of …….. should a positive result be detected. I accept the interpretation of my test results by the Assessor and Co-assessor, provided their interpretation match identically.

Signed:…….. Date: ……

TEST DETAILS AND RESULTS

Test Start time: …… (am/pm) Test read at: …….. (am/pm) (NB Should be 10 minutes)

Results in the test area are as follows: (please tick where a magenta line forms – regardless of intensity)

Assessor's Interpretation		Co-Assessor' Interpretation	
C)	All Control Lines	C)	All Control Lines
1)	Amphetamine (AMP) 500	1)	Amphetamine (AMP) 500
2)	Barbiturates (BAR) 200	2)	Barbiturates (BAR) 200
3)	Benzodiazepine (BZO) 200	3)	Benzodiazepine (BZO) 200
4)	Buprenorphine (BUP) 5	4)	Buprenorphine (BUP) 5
5)	Cocaine (COC) 150	5)	Cocaine (COC) 150
6)	Ketamine (KET) 1000	6)	Ketamine (KET) 1000
7)	Marijuana/Cannabis (THC) 50	7)	Marijuana/Cannabis (THC) 50
8)	Methadone (MTD) 300	8)	Methadone (MTD) 300
9)	Methadone Metabolite (EDDP) 300	9)	Methadone Metabolite (EDDP) 300
10)	Methamphetamine (MET) 500	10)	Methamphetamine (MET) 500
11)	Opiates (OPI) 300	11)	Opiates (OPI) 300
12)	Phencyclidine (PCP) 25	12)	Phencyclidine (PCP) 25
13)	Propoxyphene (PPX) 300	13)	Propoxyphene (PPX) 300

Assessor's Name: …….. Co-Assessor's ……

Signed: …… Signed: ……

For the test results to be valid, the control lines for any given drug must form. For the interpretation of the test results, the Assessor and Co-assessor must agree on all results. Therefore, if both Assessors agree that all magenta lines have formed (both the control and test lines), the patient can be considered negative for the classes of drugs listed above. Where magenta lines do not form, the patient's sample should undergo a confirmatory laboratory test.

The Donor was found to be negative for all drugs listed: ……..(tick/cross) **OR**

The patient was initially positive for the following drugs: ……
(if initially positive, carry out confirmation procedures)

Signature of Assessor: …… Signature of Co-assessor: ……