

**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)**

<b>Drug Name</b>	<b>Device Code</b>	<b>Negative</b>	<b>Positive</b>	<b>Not Tested</b>
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: _____	