

TEST RESULTS RECORD

Company Name _____
 Address _____ Fax _____
 City _____ State/Province _____ Zip/Postal Code _____
 Name of Collector _____ Phone _____

Donor Last Name _____ Donor First Name _____ Employee I.D. _____
 Type of Identification Provided: Driver's License Employee Photo I.D. Other
 Reason for Test: Pre-employment Random Reasonable cause Post-accident Other

Screen Results (Confirm results must be confirmed by laboratory)

Test Ref #: _____ Date/Time Collected _____ Time Interpreted _____
 Temperature Normal 90-100 F° _____ Other _____

Note: Temperature must be read within four minutes of collection.

Test	Calibrator	Cut-off (ng/ml)
Amphetamine (AMP)	Amphetamine	1000
Barbiturates (BAR)	Secobarbital	300
Benzodiazepines (BZO)	Oxazepam	300
Cocaine (COC)	Benzoyllecgonine	300
Marijuana (THC)	Marijuana	50
Methadone (MTD)	Methadone	300
Methamphetamine (MET)	Methamphetamine	1000
Methylenedioxymethamphetamine (MDMA)	3,4-Methylenedioxymethamphetamine HCl	500
Morphine (MOP/OPI300)	Morphine	300
Opiate (OPI)	Morphine	2000
Phencyclidine (PCP)	Phencyclidine	25
Tricyclic Antidepressants (TCA)	Notriptyline	1000
Buprenorphine (BUP)	Buprenorphine	10
Oxycodone (OXY)	Oxycodone	100
Propoxyphene (PPX)	Propoxyphene	300

Drug Symbol	Negative	Confirm	N/A
AMP	_____	_____	_____
BAR	_____	_____	_____
BZO	_____	_____	_____
COC	_____	_____	_____
THC	_____	_____	_____
MTD	_____	_____	_____
MET	_____	_____	_____
MDMA	_____	_____	_____
MOP	_____	_____	_____
OPI	_____	_____	_____
PCP	_____	_____	_____
TCA	_____	_____	_____
BUP	_____	_____	_____
OXY	_____	_____	_____
KET	_____	_____	_____
PPX	_____	_____	_____

Adulterants	Normal	Abnormal
Creatinine	_____	_____
Nitrite	_____	_____
pH	_____	_____
Specific Gravity	_____	_____
Oxidant/Bleach	_____	_____
Glutaraldehyde	_____	_____
Pyridinium Chlorchromate	_____	_____

Certification

I hereby agree to submit to a urinalysis for the purpose of testing for drug metabolites. The specimen provided is my own and has not been substituted or adulterated.

Donor Signature
 I hereby certify the specimen has been provided by the donor above.

 Date/Time

Collector Signature
 I hereby certify that a secure sample was received for confirmation.

 Date/Time

Laboratory Signature

 Date/Time Received