TEST RESULTS RECORD

Address	Company Name							
Donor Last Name	Address				Fax			
Donor Last Name	City	State/Province			Zip/Postal Code			
Reason for Test: per-employment plaboratory) Screen Results (Confirm results must be confirmed by laboratory) Test Ref if: Date Time Interpreted Time Interpreted Time Interpreted	Name of Collector			Phone				
Reason for Test: per-employment plaboratory) Screen Results (Confirm results must be confirmed by laboratory) Test Ref if: Date Time Interpreted Time Interpreted Time Interpreted	Donor Last Name		Donor First	t Name		Employee LD		
Reason for Test: per-employment plaboratory) Screen Results (Confirm results must be confirmed by laboratory) Test Ref if: Date Time Interpreted Time Interpreted Time Interpreted	Type of Identification Provide	ed: 🗆 Drive	bonoi i iisi r's License	 Employ □	ee Photo I.D.	□ Other		
Sereen Results (Confirm results must be confirmed by laboratory) Test Ref #;								
Temperature Normal 90-100 F* Other O	Screen Results (Confirm resu							
Temperature must be read within four minutes of collection. Test at minutes (AMP)			-		Ti	me Interpreted		
Note: Temperature must be read within four minutes of collection. Test Amphetamine (AMP) Supplementary (A				Other				
Amphetamine (AMP)								
Barbturates (BAS (BZO) Secobarbital 300 Secob		-			Cut			
Tricyclic Antidepressants (TCA) Burnerophine 1000 Burnerophine (BUP) Burnerophine 1000 Burnerophine 10	Barbiturates (BAR) Benzodiazepines (BZO) Cocaine (COC) Marijuana (THC) Methadone (MTD) Methamphetamine (MET) Methylenedioxymethamphetamine (MDMA) Morphine (MOP/OPI300) Opiate (OPI)		Secobarbital Oxazepam Benzoylecgonine Marijuana Methadone Methamphetamine 3,4-Methylenedioxymethamphetamine HCl Morphine Morphine		netamine HCI	300 300 300 50 300 1000 500 300 2000		
AMP BAR BAR BZO COC THC THC MTD MET MOP MET 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 that a secure sample was received for confirmation.	Tricyclic Antidepressants (TCA) Buprenorphine (BUP) Oxvcodone (OXY))	Notriptyline Buprenorphine Oxycodone			1000 10 100		
BAR BZO COC THC MTD MET MDMA MOP OPI PCP TCA BUP OXY KET PPX Molterants Normal Abnormal Creatinine Nitrite PPY 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 that a secure sample was received for confirmation.	Drug Symbol	Negative	Confi	rm	N/A			
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