



an inverness medical company

URINE INITIAL DRUG SCREEN RESULT FORM

Specimen ID Number _____

STEP 1: COMPLETED BY COLLECTOR OR EMPLOYER REPRESENTATIVE

COLLECTION SITE / COMPANY NAME _____

NAME _____

ADDRESS _____ SUITE _____

CITY _____ STATE _____ POSTAL CODE _____

PHONE _____ FAX _____

DONOR SSN, DRIVER'S LICENSE or EMPLOYEE I.D. NO. _____ ID VERIFIED BY: PHOTO ID EMPLOYER REP.

DONOR NAME: Last: _____ First: _____

REASON FOR TEST: Pre Employment Random Reasonable Suspicion / Cause Post Accident Return to Duty Follow Up Other _____

COLLECTOR NAME (PRINT) _____ Collector Phone No. (_____) _____
Collector Fax No. (_____) _____

Read specimen temperature within (4) minutes. Specimen within range: Yes, 90° - 100°F (32° - 38°C) No, record specimen temperature here _____

TO BE COMPLETED BY COLLECTOR

STEP 2: COMPLETED BY DONOR

DONOR CONSENT: I certify that I provided my specimen to the collector, that the specimen container was sealed with a tamper proof seal in my presence and that the information provided on this form and on the label affixed to the specimen container is correct. I hereby give permission for the release of the results of these tests to the health care provider. In the case of screening for employment or pre-employment, I also authorize release of the results of these tests to my employer or prospective employer and / or their authorized health care provider.

X _____
Signature of Donor (Print) Donor's Name (First, MI, Last) Date (Mo/Day/Yr)

Daytime Phone: _____ Evening Phone: _____ Date of Birth: _____
Date (Mo/Day/Yr)

TO BE COMPLETED BY DONOR

STEP 3: COMPLETED BY COLLECTOR — INITIAL TEST RESULTS

ON-SITE SCREENING DEVICE preliminary results Lot #: _____ Exp. Date: _____

Screen performed by: **X** _____ Date: _____
(If different than collector) Remarks: _____

SPECIMEN VALIDITY TEST RESULTS		DRUG NAME	NEG	PRESUMPTIVE POSITIVE	NOT TESTED
<input type="checkbox"/> Ox	Oxidant	Amphetamine (AMP)	[]	[]	[]
<input type="checkbox"/> S.G.	Specific Gravity	Barbiturates (BAR)	[]	[]	[]
<input type="checkbox"/> pH	pH	Benzodiazepines (BZO)	[]	[]	[]
<input type="checkbox"/> Ni	Nitrite	Buprenorphine (BUP)	[]	[]	[]
<input type="checkbox"/> GL	GL	Cocaine (COC)	[]	[]	[]
<input type="checkbox"/> CR	Creatinine	Marijuana (THC)	[]	[]	[]
		Methadone (MTD)	[]	[]	[]
		Methamphetamine (mAMP)	[]	[]	[]
		Ecstasy (MDMA)	[]	[]	[]
		Opiate (OPI/MOP)	[]	[]	[]
		Oxycodone (OXY)	[]	[]	[]
		Phencyclidine (PCP)	[]	[]	[]
		Propoxyphene (PPX)	[]	[]	[]
		Tricyclic Antidepressants (TCA)	[]	[]	[]
		Other _____	[]	[]	[]
		ALCOHOL SCREEN (If Performed)			
		Results	[]	[]	[]

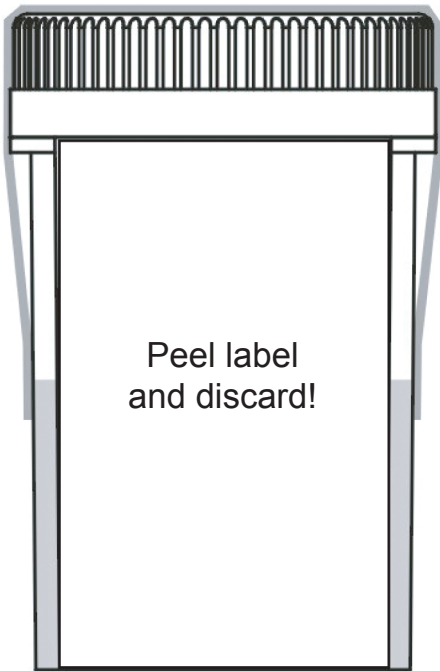
DONOR RESULTS SHOWN ABOVE

STEP 4: COLLECTOR CERTIFICATION

COLLECTOR CERTIFICATION: I certify that the specimen given to me by the donor identified above was collected, labeled, sealed & released as noted in accordance with applicable requirements.

X _____
Signature of Collector Time of Collection

X _____
(Print) Collector's Name (First, MI, Last) Date (Mo/Day/Yr)



Peel label
and discard!

Check Lid to ensure that it is secure and tight.
Place Cup results side down over this opening.
Press the "COPY" button on your photocopier.