Instant Technologies Inc.

Initial Drug Screen Result Form

Specimen ID Number _____

Collection Test Date _____

Company Information: (*Information about the company doing the testing)*

Company _____

Address _____ Suite _____

City _____ State _____ Postal Code _____

Collector's Name _____ Phone _____

Specimen Temperature: (90-100 F.) In Range ☐ Other _____ Fax _____

Donor Information: *(Information about the person being tested)*

Donor's Name _____

ID # or SSN _____

Identification Type _____ Expiration _____

Notes _____

_____

Employee ID# or Last Name:

Last Name _____

First Name _____

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 it was not substituted or adulterated to the best of my knowledge. The specimen temperature and color were acceptable.

_____ _____

Collector's Signature *Date*

Initial Screen Results: *(All "Confirm" or non-negative results must be confirmed using GC/MS)*

Drug Name	Device Code	Negative	Confirm	Not Tested
Cocaine	*COC*	☐	☐	☐
Marijuana	*THC*	☐	☐	☐
Opiates/Morphine	*OPI/MOR*	☐	☐	☐
Amphetamines	*AMP*	☐	☐	☐
Methamphetamine	*mAMP*	☐	☐	☐
Phencyclidine	*PCP*	☐	☐	☐
Benzodiazepine	*BZO*	☐	☐	☐
Barbiturates	*BAR*	☐	☐	☐
Methadone	*MTD*	☐	☐	☐
Tricyclic Antidepressants	*TCA*	☐	☐	☐
Oxycodone	*OXY*	☐	☐	☐
Propoxyphene	*PPX*	☐	☐	☐
Methylenedioxymethamphetamine	*MDMA*	☐	☐	☐
ALCOHOL SCREEN	*ALC*	☐		

Adulteration Panel Results
(See color chart and package insert for interpretation)

OX

Oxidant ☐
In Range
Other _____

S.G.

Specific Gravity
In Range ☐
Other _____

pH

pH
In Range ☐
Other _____

Level _____