



# Instant Technologies Inc.

## Initial Drug Screen Result Form

Specimen ID Number \_\_\_\_\_

Date of Specimen Collection \_\_\_\_\_

### Collection Site / 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  Yes  No  Other \_\_\_\_\_ Fax \_\_\_\_\_

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

Donor's Name \_\_\_\_\_  
 Photo ID# or SSN \_\_\_\_\_  
 Identification Type \_\_\_\_\_  
 Notes \_\_\_\_\_  
 Day Time Phone: \_\_\_\_\_ Evening Phone: \_\_\_\_\_

Employee ID# or Last Name

Lot Number: \_\_\_\_\_  
 Expiration Date: \_\_\_\_\_

### Certification Information: (Must be signed by 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	Presumptive	Positive	Not Tested	Adulteration Panel Results <small>(See color chart and package insert for interpretation)</small>			
Cocaine	COC	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> OX	<b>Oxidant</b>	Normal <input type="checkbox"/> Abnormal <input type="checkbox"/> Other _____	
Marijuana	THC	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/> S.G.	<b>Specific Gravity</b>	Normal <input type="checkbox"/> Abnormal <input type="checkbox"/> Other _____
Opiates/Morphine	OPI/MOR	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/> pH	<b>pH</b>
Amphetamines	AMP	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Ni			<b>Nitrite</b>
Methamphetamine	mAMP	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/> GL		<b>GL</b>
Phencyclidine	PCP	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/> CR	<b>Creatinine</b>
Benzodiazepine	BZO	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Barbiturates	BAR	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Methadone	MTD	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Tricyclic Antidepressants	TCA	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Oxycodone	OXY	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Propoxyphene	PPX	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Methylenedioxymethamphetamine	MDMA	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Buprenorphine	BUP	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
ALCOHOL SCREEN	ALC	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			Level _____	

Last Name

First Name