

# 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 <input type="checkbox"/> EMPLOYER REP. <input type="checkbox"/>	
DONOR NAME: Last: _____ First: _____	
REASON FOR TEST: Pre Employment <input type="checkbox"/> Random <input type="checkbox"/> Reasonable Suspicion / Cause <input type="checkbox"/> Post Accident <input type="checkbox"/> Return to Duty <input type="checkbox"/> Follow Up <input type="checkbox"/> Other _____	
COLLECTOR NAME (PRINT) _____	Collector Phone No. (_____) _____ Collector Fax No. (_____) _____
Read specimen temperature within (4) minutes. Specimen within range: <input type="checkbox"/> Yes, 90° - 100°F (32° - 38°C) <input type="checkbox"/> 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	SPECIMEN VALIDITY TEST RESULTS <small>(See color chart and package insert for interpretation)</small>	DRUG NAME	NEG	PRESUMPTIVE POSITIVE	NOT TESTED	
Lot #: _____ Exp. Date: _____ Screen performed by: <i>(If different than collector)</i> <b>X</b> _____ Date: _____ Remarks: _____ _____ _____	<input type="checkbox"/> <b>OX</b> Oxidant	Normal [ ] Abnormal [ ] Not Tested [ ]	[ ]	[ ]	[ ]	
	<input type="checkbox"/> <b>S.G.</b> Specific Gravity	Normal [ ] Abnormal [ ] Not Tested [ ]	[ ]	[ ]	[ ]	
	<input type="checkbox"/> <b>pH</b> pH	Normal [ ] Abnormal [ ] Not Tested [ ]	[ ]	[ ]	[ ]	
	<input type="checkbox"/> <b>NI</b> Nitrite	Normal [ ] Abnormal [ ] Not Tested [ ]	[ ]	[ ]	[ ]	
	<input type="checkbox"/> <b>GL</b> GL	Normal [ ] Abnormal [ ] Not Tested [ ]	[ ]	[ ]	[ ]	
	<input type="checkbox"/> <b>CR</b> Creatinine	Normal [ ] Abnormal [ ] Not Tested [ ]	[ ]	[ ]	[ ]	
			Amphetamine (AMP) [ ]	[ ]	[ ]	[ ]
			Barbiturates (BAR) [ ]	[ ]	[ ]	[ ]
			Benzodiazepines (BZO) [ ]	[ ]	[ ]	[ ]
			Buprenorphine (BUP) [ ]	[ ]	[ ]	[ ]
		Cocaine (COC) [ ]	[ ]	[ ]	[ ]	
		Marijuana (THC) [ ]	[ ]	[ ]	[ ]	
		Methadone (MTD) [ ]	[ ]	[ ]	[ ]	
		Methamphetamine (mAMP) [ ]	[ ]	[ ]	[ ]	
		Ecstasy (MDMA) [ ]	[ ]	[ ]	[ ]	
		Opiate (OPI/MOP) [ ]	[ ]	[ ]	[ ]	
		Oxycodone (OXY) [ ]	[ ]	[ ]	[ ]	
		Phencyclidine (PCP) [ ]	[ ]	[ ]	[ ]	
		Propoxyphene (PPX) [ ]	[ ]	[ ]	[ ]	
		Tricyclic Antidepressants (TCA) [ ]	[ ]	[ ]	[ ]	
		Other _____ [ ]	[ ]	[ ]	[ ]	
		<b>ALCOHOL SCREEN (If Performed)</b>				
		Results [ ]	[ ]	[ ]	[ ]	

PRESS HARD - YOU ARE MAKING MULTIPLE COPIES

## 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) \_\_\_\_\_