

# TEST RESULTS RECORD

**SIDE 1**

Test Reference Number \_\_\_\_\_ Name of Collector \_\_\_\_\_

## COMPANY INFORMATION

Company Name \_\_\_\_\_ Phone \_\_\_\_\_ Fax \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State/Province \_\_\_\_\_ Zip/Postal Code \_\_\_\_\_

## DONOR INFORMATION

Employee I.D. \_\_\_\_\_

Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Type of Identification Provided:  Driver's License  Employee Photo I.D.  Other \_\_\_\_\_

Reason for test:  Pre-employment  Random  Reasonable cause  Post-accident  Other \_\_\_\_\_

## CERTIFICATION

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 alcohol.

Donor signature \_\_\_\_\_ Date / Time \_\_\_\_\_

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 signature \_\_\_\_\_ Date / Time \_\_\_\_\_

Laboratory signature \_\_\_\_\_ Date / Time received \_\_\_\_\_

## TEST RESULTS

Date/Time Collected \_\_\_\_\_ Time Interpreted \_\_\_\_\_

Specimen Temperature:  Normal: 90° to 100°F (32° to 38°C)  Other \_\_\_\_\_

Note: Temperature must be read within four minutes of collection. Positive results must be confirmed by laboratory.

| Drug Name                 | Symbol | Negative                 | Positive                 | Not Tested               |
|---------------------------|--------|--------------------------|--------------------------|--------------------------|
| Amphetamine               | AMP    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Barbiturate               | BAR    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Buprenorphine             | BUP    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Benzodiazepine            | BZO    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Cocaine                   | COC    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Ecstasy                   | MDMA   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Methamphetamine           | MET    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Methadone                 | MTD    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Opiates                   | OPI    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Oxycodone                 | OXY    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Phencyclidine             | PCP    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Propoxyphene              | PPX    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Tricyclic Antidepressants | TCA    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Marijuana                 | THC    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| _____                     | _____  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

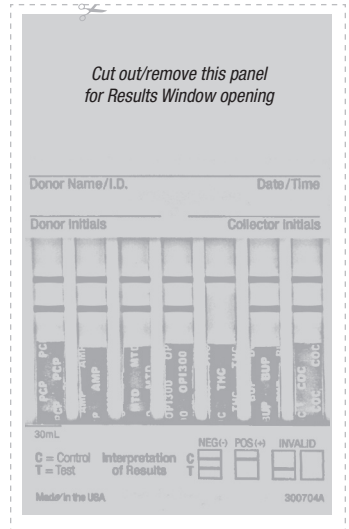
**NOTE: If your cup includes additional test strips on the opposite side of the cup (Side 2), turn over this template and place SIDE 2 face down on copier or scanner to copy the results of the additional test strips.**

**IMPORTANT: Firmly tighten cup lid to avoid leakage. Place this side of the page, and window of Side 1 of cup, face down on copier or scanner to copy results.**

## Results Window 1

(Side 1 test strips)

1. Firmly tighten cup lid to avoid leakage.
2. Place **SIDE 1** (this side) of Test Results Record face down on copier or scanner.
3. With cup lid secure, place Side 1 of the cup face down in the opening below.
4. Copy or scan.



### Adulterants

|                          | Normal                   | Abnormal                 | Not Tested               |
|--------------------------|--------------------------|--------------------------|--------------------------|
| 1. Creatinine (CR)       | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Nitrite (NI)          | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. pH (pH)               | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Specific gravity (SG) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Oxidants (OX)         | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Glutaraldehyde (GL)   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

### Alcohol

|            | 0%                       | 0.04                     | 0.08                     | 0.20                     |
|------------|--------------------------|--------------------------|--------------------------|--------------------------|
| 1. Alcohol | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

### Nicotine

|                   | Negative                 | Positive                 | Not Tested               |
|-------------------|--------------------------|--------------------------|--------------------------|
| 1. Cotinine (COT) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Notes / Comments \_\_\_\_\_

# TEST RESULTS RECORD

Test Reference Number \_\_\_\_\_

**SIDE 2 \***

## DONOR INFORMATION

Employee I.D. \_\_\_\_\_

Last Name \_\_\_\_\_

First Name \_\_\_\_\_

## CERTIFICATION

I, the Donor, 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 alcohol.

Donor Signature \_\_\_\_\_ Date / Time \_\_\_\_\_

I, the Collector, 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 Signature \_\_\_\_\_ Date / Time \_\_\_\_\_

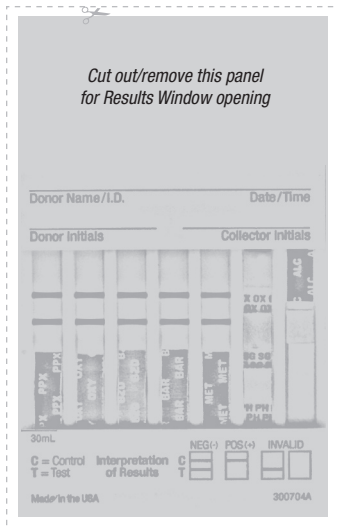
Laboratory Signature \_\_\_\_\_ Date / Time Received \_\_\_\_\_

## TEST RESULTS

### Results Window 2

(Side 2 test strips)

1. Firmly tighten cup lid to avoid leakage.
2. Place **SIDE 2** (this side) of Test Results Record face down on copier or scanner.
3. With cup lid secure, place Side 2 of the cup face down in the opening below.
4. Copy or scan.



| Drug Name                 | Symbol | Negative                 | Positive                 | Not Tested               |
|---------------------------|--------|--------------------------|--------------------------|--------------------------|
| Amphetamine               | AMP    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Barbiturate               | BAR    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Buprenorphine             | BUP    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Benzodiazepine            | BZO    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Cocaine                   | COC    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Ecstasy                   | MDMA   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Methamphetamine           | MET    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Methadone                 | MTD    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Opiates                   | OPI    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Oxycodone                 | OXY    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Phencyclidine             | PCP    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Propoxyphene              | PPX    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Tricyclic Antidepressants | TCA    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Marijuana                 | THC    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

\* Use this side of the Test Results Record (SIDE 2) ONLY if test strips are included on both sides of the cup.

| Adulterants              | Normal                   | Abnormal                 | Not Tested               |
|--------------------------|--------------------------|--------------------------|--------------------------|
| 1. Creatinine (CR)       | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Nitrite (NI)          | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. pH (pH)               | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Specific gravity (SG) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Oxidants (OX)         | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Glutaraldehyde (GL)   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

| Alcohol    | 0%                       | 0.04                     | 0.08                     | 0.20                     |
|------------|--------------------------|--------------------------|--------------------------|--------------------------|
| 1. Alcohol | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

| Nicotine          | Negative                 | Positive                 | Not Tested               |
|-------------------|--------------------------|--------------------------|--------------------------|
| 1. Cotinine (COT) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

For best results, it may be necessary to set your copy machine to the lightest setting.

**IMPORTANT:** Firmly tighten cup lid to avoid leakage. Place this side of the page, and window of Side 2 of cup, face down on copier or scanner to copy results (if applicable – see note \*)

Notes / Comments \_\_\_\_\_

**Staple copy of completed SIDE 1 to this page**