

# 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 Collected \_\_\_\_\_

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"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

### 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    

### Nicotine

Negative    Positive    Not Tested

1. Cotinine (COT)   **IMPORTANT: Firmly tighten cup lid to avoid leakage.**

## Results Window 1

**1. If scanning a flat-panel cup, firmly tighten cup lid to avoid leakage.**2. Place **SIDE 1** (this side) of Test Results Record face down on copier or scanner.

3. Place Side 1 of the device face down in the opening at right.

4. Copy or scan.

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

*Cut out and remove this panel to copy or scan dip test or flat-panel cup results*

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

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"/>
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Methadone	MTD	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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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"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

### Adulterants

	Normal	Abnormal	Not Tested
1. Creatinine (CR)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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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"/>

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

**IMPORTANT:** Firmly tighten cup lid to avoid leakage.

## Results Window 2

1. If scanning a flat-panel cup, firmly tighten cup lid to avoid leakage.
2. Place **SIDE 2** (this side) of Test Results Record face down on copier or scanner.
3. Place Side 2 of the device face down in the opening at right.
4. Copy or scan.

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

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Cut out and remove this panel to copy or scan dip test or flat-panel cup results

Staple copy of completed SIDE 1 to this page