

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
Cocaine	COC	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Marijuana	THC	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Opiates	OPI	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Amphetamine	AMP	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Phencyclidine	PCP	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Benzodiazepine	BZO	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Barbiturate	BAR	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Methadone	MTD	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Methamphetamine	MET	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tricyclic Antidepressants	TCA	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ecstasy	MDMA	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Propoxyphene	PPX	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Oxycodone	OXY	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Buprenorphine	BUP	<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.

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"/>

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"/>

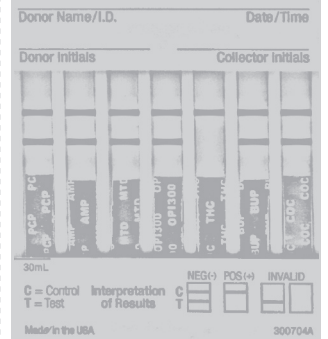
IMPORTANT: Firmly tighten cup lid to avoid leakage. Place this side of the page, and window of Side 1 of cup, face down on copier or scanner to copy results.

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.

Cut out/remove this panel for Results Window opening



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 _____

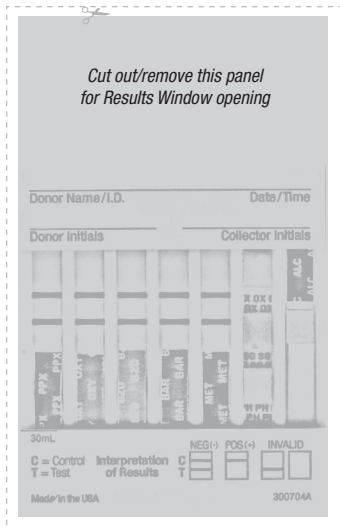
Date / Time Received _____

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.



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 *)

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

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.

Notes / Comments _____

Staple copy of completed SIDE 1 to this page