



Specimen ID # \_\_\_\_\_

# On-Site Drug Test Results Form

## Company Information: (Information about the company doing the testing)

Company Name \_\_\_\_\_ Suite \_\_\_\_\_  
 Address \_\_\_\_\_ Zip \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Phone/Fax \_\_\_\_\_

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

Donor Name \_\_\_\_\_ SSN or ID# \_\_\_\_\_  
 Identification Type \_\_\_\_\_ Expiration \_\_\_\_\_

## Test Information:

Reason for Test:  Pre Employ  Random  Post Accident  Reasonable Suspicion  Periodic  
 Date of Collection: \_\_\_\_\_ Time of Collection: \_\_\_\_\_ AM / PM  
 Specimen Type:  Oral Fluids  Urine Temperature 90 - 100 ° F  YES  No  
 Lot #: \_\_\_\_\_ Remarks: \_\_\_\_\_

## Certification Information: (Must be signed by both 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. Also, I hereby give permission for the release of the results of this test to my employer/prospective employer and/or their authorized Healthcare professionals.

Donor / Parent / Guardian 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 \_\_\_\_\_

## Test Results:

<input type="checkbox"/> <b>Negative for all</b>	<input type="checkbox"/> Benzodiazepines-BZO	<input type="checkbox"/> Nicotine-COT	<table border="1"> <thead> <tr> <th colspan="2">Adulteration</th> </tr> </thead> <tbody> <tr> <td><input type="checkbox"/> OX</td> <td>Oxidant</td> </tr> <tr> <td><input type="checkbox"/> SG</td> <td>Specific Gravity</td> </tr> <tr> <td><input type="checkbox"/> pH</td> <td>pH</td> </tr> </tbody> </table>	Adulteration		<input type="checkbox"/> OX	Oxidant	<input type="checkbox"/> SG	Specific Gravity	<input type="checkbox"/> pH	pH
	Adulteration										
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<input type="checkbox"/> pH	pH										
<input type="checkbox"/> <b>Positive - for the drugs marked:</b>	<input type="checkbox"/> Cocaine-COC <input type="checkbox"/> Fentanyl-FTL <input type="checkbox"/> Kratom-KRA <input type="checkbox"/> Methamphetamines-mAMP <input type="checkbox"/> Marijuana-THC <input type="checkbox"/> MDMA/Ectasy-MDMA <input type="checkbox"/> Methadone-MTD	<input type="checkbox"/> Opiates/Morphine-OPI/MOP <input type="checkbox"/> Oxycodone-OXY <input type="checkbox"/> Phencyclidine-PCP <input type="checkbox"/> Propoxyphene-PPX <input type="checkbox"/> Tramadol-TML <input type="checkbox"/> Tricyclic Antidepressants-TCA <input type="checkbox"/> Spice/K2-K2									
<input type="checkbox"/> Alcohol-ETG <input type="checkbox"/> Amphetamines-AMP <input type="checkbox"/> Barbiturates-BAR <input type="checkbox"/> Buprenorphine-BUP											