

Specimen ID # _____ Collection Test Date _____

Company Information: (Company giving the test)

Company _____
 Address _____
 City _____ State _____ Zip Code _____
 Collectors Name _____ Phone _____
 Specimen Temperature (90-100 F) Within Limits? Y / N Other _____ Fax _____

Donor Information: (Person being tested)

Donor's Name _____ SSN _____
 ID #: _____ ID Type: _____ Expiration #: _____
 Notes _____

Certification Information: (Signatures of both parties required)

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.

 Donor's Signature _____ Date _____

I hereby certify that I have 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 _____

Initial Screen Results: (To be completed by screening personnel)

Drug Name	Device Code	Negative	Confirm	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/Morphine	OPI/MOR	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Amphetamine	AMP	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Methamphetamine	mAMP	<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"/>
Barbiturates	BAR	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Methadone	MTD	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tricyclic Antidepressants	TCA	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Oxycodone	OXY	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Propoxyphene	PPX	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ecstasy	MDMA	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Alcohol Screen	ALC	<input type="checkbox"/>	Level ->	
Adulteration Results	Oxidant In Range <input type="checkbox"/> Other _____	Specific Gravity In Range <input type="checkbox"/> Other _____	PH In Range <input type="checkbox"/> Other _____	