



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's 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:

 **Negative for all** **Positive** - for the  
drugs marked:

- |   |  |
|---|--|
| <input type="checkbox"/> Alcohol - ETG          | <input type="checkbox"/> Methadone - MTD           |
| <input type="checkbox"/> Amphetamines - AMP     | <input type="checkbox"/> Nicotine / Cotinine - COT |
| <input type="checkbox"/> Barbiturates - BAR     | <input type="checkbox"/> Opiates/Morphine - OPI    |
| <input type="checkbox"/> Buprenorphine - BUP    | <input type="checkbox"/> Oxycodone - OXY           |
| <input type="checkbox"/> Benzodiazepine - BZO   | <input type="checkbox"/> Marijuana - THC           |
| <input type="checkbox"/> Cocaine - COC          | <input type="checkbox"/> Phencyclidine - PCP       |
| <input type="checkbox"/> Methamphetamine - mAMP | <input type="checkbox"/> Propoxyphene - PPX        |
| <input type="checkbox"/> MDMA - MDMA            | <input type="checkbox"/> Tricyclic - TCA           |

### Adulteration

- |                             |                  |
|-----------------------------|------------------|
| <input type="checkbox"/> OX | Oxidant          |
| <input type="checkbox"/> SG | Specific Gravity |
| <input type="checkbox"/> pH | pH               |