



DRUG TEST RECORD

FACILITY INFORMATION

FACILITY NAME: _____
 ADDRESS: _____ FAX: _____
 CITY: _____ STATE: _____ ZIP: _____
 NAME OF COLLECTOR: _____ PHONE: _____

DONOR INFORMATION

LAST NAME: _____ FIRST NAME: _____
 ID NUMBER: _____
 TYPE OF IDENTIFICATION PROVIDED:
 DRIVER'S LICENSE: _____ PHOTO ID: _____ OTHER: _____

SCREEN RESULTS ("CONFIRM" RESULTS MUST BE CONFIRMED BY LABORATORY)

TEST REF #: _____ TIME COLLECTED: _____ TIME INTERPRETED: _____
 TEMPERATURE: _____ NORMAL (90 – 100° F) _____ OTHER: _____

DRUG NAME	SYMBOL	NEGATIVE	CONFIRM	N/A
AMPHETAMINES	(AMP)	_____	_____	_____
BARBITURATE	(BAR)	_____	_____	_____
BENZODIAZEPHINE	(BZO)	_____	_____	_____
BUPRENORPHINE	(BUP)	_____	_____	_____
COCAINE	(COC)	_____	_____	_____
ESCTASY	(MDMA)	_____	_____	_____
MARIJUANA	(THC)	_____	_____	_____
METHADONE	(MTD)	_____	_____	_____
METHAMPHETAMINES	(MET)	_____	_____	_____
OPIATES	(OPI)	_____	_____	_____
OXYCONTIN	(OXY)	_____	_____	_____
PHENCYCLIDINE	(PCP)	_____	_____	_____
PROPOXYPHENE	(PPX)	_____	_____	_____
_____	_____	_____	_____	_____

ADULTERANTS	NORMAL	ABNORMAL	N/A
CREATININE	_____	_____	_____
NITRITES	_____	_____	_____
pH	_____	_____	_____
URINE SPECIFIC GRAVITY	_____	_____	_____

CERTIFICATION

I HEARBY AGREE TO SUBMIT TO A URINALYSIS FOR THE PURPOSE OF TESTING FOR DRUG METABOLITES.
 THE SPECIMEN PROVIDED IS MY OWN AND HAS NOT BEEN SUBSTITUTED OR ADULTERATED.

 DONOR SIGNATURE
 I HEREBY CERTIFY THE SPECIMEN HAS BEEN PROVIDED BY THE DONOR IDENTIFIED ABOVE.

 DATE / TIME

 COLLECTOR SIGNATURE
 I HEREBY CERTIFY THAT A SECURE SAMPLE WAS RECEIVED FOR CONFRIMATION.

 DATE / TIME