



# 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