Initial Drug Screen Result Form

For Questions Call: **(970) 377-1722**

Specimen ID Number: _____Collection Test Date: _____

Step1: Completed By Collector or Employer Representative

A. Employer Name:_____ Phone:_____

Address: _____ City: _____ State: _____ Zip: _____

B: Donor SSN or Employee I.D. No. | | | | | | | | | | | | | | | | |

C: Reason for Test: ☐ Pre-Employment ☐ Random ☐ Reasonable Suspicious/Cause
☐ Post-Accident ☐ Return to Duty ☐ Follow-up
☐ Other (specify)_____

D: Collection Site Name_____
Address_____ Collector Phone: _____
City, State, Zip: _____ Collector Fax: _____

Step2: To be completed By Donor.

I certify that I provided my Urine specimen to the collector; that I have not adulterated it in any manner; and that the information provided on this form is correct.

X _____ _____ ____/____/____

Signature of Donor | **(PRINT) Donor's Name(First, MI, Last)** | **Date (Mo/day/Yr)**

Daytime Phone No. (___) _____ **Evening Phone No. (___)** _____ **Date of Birth** ____/____/____

Mo. Day Yr.

Step3: To be completed by Collection Site.

I certify that the specimen given to me by the donor identified in Step 2 of this form was collected, in accordance with applicable Federal requirements.

X _____ _____ **AM PM** ____/____/____

Signature of Collector | **(Print) Collector's Name (First, MI, Last)** | **Time of Collection** | **Date (Mo/day/Yr)**

Step4: Results.

Read specimen temperature within 4 minutes. Is temperature between 90 and 100 degrees F? ☐ Yes ☐ No

Notes:_____

Drug Name	Device Code	Negative	Confirm	Not Tested
Cocaine	COC	☐	☐	☐
Marijuana	THC	☐	☐	☐
Opiates/Morphine	OPI/MOR	☐	☐	☐
Amphetamines	AMP	☐	☐	☐
Methamphetamine	mAMP	☐	☐	☐
Phencyclidine	PCP	☐	☐	☐
Benzodiazepine	BZO	☐	☐	☐
Barbiturates	BAR	☐	☐	☐
Methadone	MTD	☐	☐	☐
Tricyclic Antidepressants	TCA	☐	☐	☐
Oxycodone	OXY	☐	☐	☐
Propoxyphene	PPX	☐	☐	☐
Methylenedioxymethamphetamine	MDMA	☐	☐	☐
ALCOHOL SCREEN	ALC	☐	**Level** _____	

Adulteration Panel Results

(See color chart and package insert for interpretation.)

OX

Oxidant
In Range ☐
Other _____

S.G.

Specific Gravity
In Range ☐
Other _____

pH

pH
In Range ☐
Other _____