



an inverness medical company

# URINE INITIAL DRUG SCREEN RESULT FORM

Specimen ID Number \_\_\_\_\_

## STEP 1: COMPLETED BY COLLECTOR OR EMPLOYER REPRESENTATIVE

**COLLECTION SITE / COMPANY NAME** \_\_\_\_\_

**NAME** \_\_\_\_\_

**ADDRESS** \_\_\_\_\_ **SUITE** \_\_\_\_\_

**CITY** \_\_\_\_\_ **STATE** \_\_\_\_\_ **POSTAL CODE** \_\_\_\_\_

**PHONE** \_\_\_\_\_ **FAX** \_\_\_\_\_

**DONOR SSN, DRIVER'S LICENSE or EMPLOYEE I.D. NO.** \_\_\_\_\_ **ID VERIFIED BY: PHOTO ID**  **EMPLOYER REP.**

**DONOR NAME:** Last: \_\_\_\_\_ First: \_\_\_\_\_

**REASON FOR TEST:** Pre Employment  Random  Reasonable Suspicion / Cause  Post Accident  Return to Duty  Follow Up  Other \_\_\_\_\_

**COLLECTOR NAME (PRINT)** \_\_\_\_\_ Collector Phone No. (\_\_\_\_\_) \_\_\_\_\_  
Collector Fax No. (\_\_\_\_\_) \_\_\_\_\_

Read specimen temperature within (4) minutes. Specimen within range:  Yes, 90° - 100°F (32° - 38°C)  No, record specimen temperature here \_\_\_\_\_

TO BE COMPLETED BY COLLECTOR

## STEP 2: COMPLETED BY DONOR

**DONOR CONSENT:** I certify that I provided my specimen to the collector, that the specimen container was sealed with a tamper proof seal in my presence and that the information provided on this form and on the label affixed to the specimen container is correct. I hereby give permission for the release of the results of these tests to the health care provider. In the case of screening for employment or pre-employment, I also authorize release of the results of these tests to my employer or prospective employer and / or their authorized health care provider.

**X** \_\_\_\_\_  
Signature of Donor (Print) Donor's Name (First, MI, Last) Date (Mo/Day/Yr)

Daytime Phone: \_\_\_\_\_ Evening Phone: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Date (Mo/Day/Yr)

TO BE COMPLETED BY DONOR

## STEP 3: COMPLETED BY COLLECTOR — INITIAL TEST RESULTS

ON-SITE SCREENING DEVICE preliminary results	SPECIMEN VALIDITY TEST RESULTS (See color chart and package insert for interpretation)	DRUG NAME	PRESUMPTIVE		NOT TESTED	
			NEG	POSITIVE		
Lot #: _____ Exp. Date: _____ Screen performed by: (If different than collector) <b>X</b> _____ Date: _____ Remarks: _____ _____ _____	<input type="checkbox"/> Oxidant Normal [ ] Abnormal [ ] Not Tested [ ]	Amphetamine (AMP) [ ] [ ] [ ] Barbiturates (BAR) [ ] [ ] [ ] Benzodiazepines (BZO) [ ] [ ] [ ] Buprenorphine (BUP) [ ] [ ] [ ] Cocaine (COC) [ ] [ ] [ ] Marijuana (THC) [ ] [ ] [ ] Methadone (MTD) [ ] [ ] [ ] Methamphetamine (mAMP) [ ] [ ] [ ] Ecstasy (MDMA) [ ] [ ] [ ] Opiate (OPI/MOP) [ ] [ ] [ ] Oxycodone (OXY) [ ] [ ] [ ] Phencyclidine (PCP) [ ] [ ] [ ] Propoxyphene (PPX) [ ] [ ] [ ] Tricyclic Antidepressants (TCA) [ ] [ ] [ ] Other _____ [ ] [ ] [ ]				
	<input type="checkbox"/> Specific Gravity Normal [ ] Abnormal [ ] Not Tested [ ]					
	<input type="checkbox"/> pH Normal [ ] Abnormal [ ] Not Tested [ ]					
	<input type="checkbox"/> Nitrite Normal [ ] Abnormal [ ] Not Tested [ ]					
	<input type="checkbox"/> GL Normal [ ] Abnormal [ ] Not Tested [ ]					
	<input type="checkbox"/> Creatinine Normal [ ] Abnormal [ ] Not Tested [ ]					
			<b>ALCOHOL SCREEN (If Performed)</b>			
			Results	[ ]	[ ]	[ ]

PRESS HARD - YOU ARE MAKING MULTIPLE COPIES

## STEP 4: COLLECTOR CERTIFICATION

**COLLECTOR CERTIFICATION:** I certify that the specimen given to me by the donor identified above was collected, labeled, sealed & released as noted in accordance with applicable requirements.

**X** \_\_\_\_\_  
Signature of Collector \_\_\_\_\_ Time of Collection \_\_\_\_\_

**X** \_\_\_\_\_  
(Print) Collector's Name (First, MI, Last) \_\_\_\_\_ Date (Mo/Day/Yr) \_\_\_\_\_