



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) X _____ Date: _____ Remarks: _____ _____ _____	<input type="checkbox"/> Ox 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"/> S.G. Specific Gravity	Normal [] Abnormal [] Not Tested []				
	<input type="checkbox"/> pH pH	Normal [] Abnormal [] Not Tested []				
	<input type="checkbox"/> Ni Nitrite	Normal [] Abnormal [] Not Tested []				
	<input type="checkbox"/> GL GL	Normal [] Abnormal [] Not Tested []				
	<input type="checkbox"/> CR Creatinine	Normal [] Abnormal [] Not Tested []				
			ALCOHOL SCREEN (If Performed)			
			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) _____