



Specimen ID Number : _____

ToxCup, Fastect, QuickTox, Monitect, Oratect, OratectPlus, & XP Drug Screen Result Form

Completed by Employer Representative and Donor

Employer: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Donor Name: (print) _____ Id Type _____ SS# _____ ID # _____

Reason For Test: _____

Circle the appropriate specimen given:

I certify that I am about to provide my **oral fluid** or **urine specimen** to the collector. I will not adulterate my specimen in any manner and the information provided on this form is correct. I hereby consent to this test, release and hold harmless the employer and test facility and give permission for the result of this/these test (s) to be given to my employer, prospective employer or employer agents.

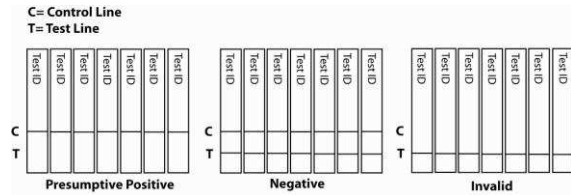
Donor's Signature: _____ Date: _____

I certify that the donor's identification had been positively verified and that the specimen identified on this form is the specimen that the donor provided. I certify that I have used the specimen received from the donor and that I have conducted, obtained and recorded the screening test results listed below.

Collectors Signature: _____ Date: _____

Test Conducted

- Oratect®Plus _____
- Oratect® XP _____
- Oratect® _____
- QuickTox® _____
- Fastect®II _____
- ToxCup® _____
- Monitect® _____



**See above for interpretation of results Or refer to the related PI.

Lot # _____ **Expiry Date:** _____

Test Results:

	Negative	Presumptive Positive
Methamphetamines (MET)	<input type="checkbox"/>	<input type="checkbox"/>
Cocaine (COC)	<input type="checkbox"/>	<input type="checkbox"/>
Amphetamines (AMP)	<input type="checkbox"/>	<input type="checkbox"/>
Opiates (OPI)	<input type="checkbox"/>	<input type="checkbox"/>
Phencyclidine (PCP)	<input type="checkbox"/>	<input type="checkbox"/>
Benzodiazepine (BZO)	<input type="checkbox"/>	<input type="checkbox"/>
Marijuana (THC)	<input type="checkbox"/>	<input type="checkbox"/>
Barbiturates (BAR)	<input type="checkbox"/>	<input type="checkbox"/>
Methadone (MTD)	<input type="checkbox"/>	<input type="checkbox"/>
Oxycodone (OXY)	<input type="checkbox"/>	<input type="checkbox"/>
Propoxyphene (PPX)	<input type="checkbox"/>	<input type="checkbox"/>
Methylenedioxymethamphetamine (AMP)	<input type="checkbox"/>	<input type="checkbox"/>
Tricyclic Antidepressants (TCA)	<input type="checkbox"/>	<input type="checkbox"/>
Buprenorphine (BUP)	<input type="checkbox"/>	<input type="checkbox"/>
Alcohol	<input type="checkbox"/>	<input type="checkbox"/>

Additional Comments:

Confirmation Test Requested Yes No

Follow up action required

- None, the drug screen results were negative
- None, no additional Laboratory test (s) is authorized by employer/requester
- Additional laboratory test specimen (s) will be collected and processed

***Note: This assay provides preliminary results. A more specific laboratory test using a methodology such as GC/MS is recommended to obtain a confirmed result. Please attach any necessary information and comments (i.e. photo copy of results).