



**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.

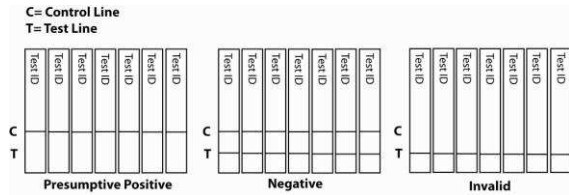
Donor's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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).