



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 <input type="radio"/> EMPLOYER REP. <input type="radio"/>	
DONOR NAME: Last: _____	First: _____
REASON FOR TEST: Pre Employment <input type="radio"/> Random <input type="radio"/> Reasonable Suspicion / Cause <input type="radio"/> Post Accident <input type="radio"/> Return to Duty <input type="radio"/> Follow Up <input type="radio"/> Other <input type="radio"/>	
COLLECTOR NAME (PRINT) _____	Collector Phone No. (_____) _____ Collector Fax No. (_____) _____
Read specimen temperature within (4) minutes. Specimen within range: <input type="radio"/> Yes, 90° - 100°F (32° - 38°C) <input type="radio"/> 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	NEG	PRESUMPTIVE POSITIVE	NOT TESTED
Lot #: _____ Exp. Date: _____ Screen performed by: (If different than collector) X _____ Date: _____ Remarks: _____ _____ _____ _____	<input type="checkbox"/> OX Oxidant Normal [] Abnormal [] Not Tested []	Amphetamine (AMP)	[]	[]	[]
	<input type="checkbox"/> S.G. Specific Gravity Normal [] Abnormal [] Not Tested []	Barbiturates (BAR)	[]	[]	[]
		Benzodiazepines (BZO)	[]	[]	[]
		Buprenorphine (BUP)	[]	[]	[]
	<input type="checkbox"/> pH pH Normal [] Abnormal [] Not Tested []	Cocaine (COC)	[]	[]	[]
		Marijuana (THC)	[]	[]	[]
		Methadone (MTD)	[]	[]	[]
	<input type="checkbox"/> NI Nitrite Normal [] Abnormal [] Not Tested []	Methamphetamine (mAMP)	[]	[]	[]
		Ecstasy (MDMA)	[]	[]	[]
		Opiate (OPI/MOP)	[]	[]	[]
<input type="checkbox"/> GL GL Normal [] Abnormal [] Not Tested []	Oxycodone (OXY)	[]	[]	[]	
	Phencyclidine (PCP)	[]	[]	[]	
	Propoxyphene (PPX)	[]	[]	[]	
<input type="checkbox"/> CR Creatinine Normal [] Abnormal [] Not Tested []	Tricyclic Antidepressants (TCA)	[]	[]	[]	
	Other _____	[]	[]	[]	
	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) _____