



DRUG TEST RESULT FORM SPECIMEN ID: TEST DATE:

DONOR INFORMATION (PATIENT BEING SCREENED)					
LAST NAME:		FIRST:			EMPLOYEE ID
DOB:					
COMPANY INFORMATION (COMPANY PERFORMING TEST)					
COMPANY:					
ADDRESS:					
CITY:	STATE:		ZIP:		
CERTIFICATION					
I certify the specimen p	rovided is r	my own and has	not heen substit	uted or adulter	ated I further
agree and grant permis		-			atod. Frantiioi
DONOR SIGNATURE: DATE:					:
I certify I collected the specimen provided by the aforementioned donor and that it is not substituted					
or adulterated to the best of my knowledge. Specimen temperature & color were acceptable.					
COLLECTOR SIGNATURE: DATE:					i:
DEVICE NAME: TEMPERATURE BETWEEN 90°-100°					
EXPIRATION:YES \[\] NO \[\]					
ITEM #: LOT #: NOTES:					
DRUG NAME		CUT-OFF	NEGATIVE	POSITIVE	NOT TESTED
Amphetamines (AMP)		1,000 ng/mL			
Barbiturates (BAR)		300 ng/mL			
Benzodiazepines (BZO)		300 ng/mL			
Buprenorphine (BUP)		10 ng/mL			
Cocaine (COC)		300 ng/mL			
Ecstasy (MDMA)		500 ng/mL			
Marijuana (THC)		50 ng/mL			
Methadone (MTD)		300 ng/mL			
Methamphetamines (MET)		1,000 ng/mL			
Morphine / Opiates (MOP/OPI)		300 ng/mL			
Oxycodone (OXY)		100 ng/mL			
Phencyclidine (PCP)		25 ng/mL			
LOW NORMAL HIGH LOW NO	RMAL HIGH	LOW NORMAL HIGH	LOW NORMAL HIGH	LOW NORMAL F	HIGH LOW NORMAL HIGH