DrugTect®

DRUG TEST RESULT FORM

SPECIMEN ID:

TEST DATE:

DONOR INFORMATION (PATIENT BEING SCREENED)

LAST NAME: _____ **FIRST:** _____

DOB: _____

EMPLOYEE ID

COMPANY INFORMATION (COMPANY PERFORMING TEST)

COMPANY:

ADDRESS:

CITY: **STATE:** **ZIP:**

CERTIFICATION

I certify the specimen provided is my own and has not been substituted or adulterated. I further agree and grant permission for the testing of my specimen for drug metabolites.

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:** _____

DEVICE NAME: _____

EXPIRATION: _____

TEMPERATURE BETWEEN 90°-100°

YES ☐ **NO** ☐

ITEM #: _____ **LOT #:** _____ **NOTES:** _____

DRUG NAME	CUT-OFF	NEGATIVE	POSITIVE	NOT TESTED
Amphetamines (AMP)	500 ng/mL			
Barbiturates (BAR)	300 ng/mL			
Benzodiazepines (BZO)	300 ng/mL			
Buprenorphine (BUP)	10 ng/mL			
Cocaine (COC)	150 ng/mL			
Ecstasy (MDMA)	500 ng/mL			
Fentanyl (FYL)	1 ng/mL			
Heroin Metabolite (6-MAM)	10 ng/mL			
Marijuana (THC)	50 ng/mL			
Methadone (MTD)	300 ng/mL			
Methadone Metabolite (EDDP)	300 ng/mL			
Methamphetamines (MET)	500 ng/mL			
Morphine / Opiates (MOP)	300 ng/mL			
Oxycodone (OXY)	100 ng/mL			
Phencyclidine (PCP)	25 ng/mL			
Propoxyphene (PPX)	300 ng/mL			
Tramadol (TML)	100 ng/mL			
Tricyclic Antidepressants (TCA)	1,000 ng/mL			

Specific Gravity (SG)			(PH)			Creatinine (CRE)			Glutaraldehyde (GL)			Nitrite (NI)			Oxidants (OX)		
LOW	NORMAL	HIGH	LOW	NORMAL	HIGH	LOW	NORMAL	HIGH	LOW	NORMAL	HIGH	LOW	NORMAL	HIGH	LOW	NORMAL	HIGH