



DRUG TEST RESULT FORM SPECIMEN ID: TEST DATE:

DONOR INFORMATION (PATIE	NT BEING SCREE	NED)		
LAST NAME:		FIRST:		EMPLOYEE ID
DOB:				
COMPANY INFORMATION (CO	MPANY PERFORM	MING TEST)		-
COMPANY:				
ADDRESS:				
CITY:	STATE:	ZIP:		
CERTIFICATION				
I certify the specimen provided is agree and grant permission for the	•			ated. I further
DONOR SIGNATURE: DATE:				
I certify I collected the specimen p				
or adulterated to the best of my kr	-			
COLLECTOR SIGNATURE: DATE:				
DEVICE NAME: TEMPERATURE BETWEEN 90°-100°				
EXPIRATION:YES □ NO □				
ITEM #: LOT #: NOTES:				
DRUG NAME	CUT-OFF	NEGATIVE	POSITIVE	NOT TESTED
Benzodiazepines (BZO)	300 ng/mL			
Cocaine (COC)	300 ng/mL			
Marijuana (THC)	50 ng/mL			
Opiates / Morphine (OPI/MOP)	300 ng/mL			
Oxycodone (OXY)	100 ng/mL			
LOW NORMAL HIGH LOW NORMAL HIGH	LOW NORMAL HIGH	LOW NORMAL HIGH	LOW NORMAL F	HIGH LOW NORMAL HIGH