



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  EMPLOYER REP.

DONOR NAME: Last: \_\_\_\_\_ First: \_\_\_\_\_

REASON FOR TEST: Pre Employment  Random  Reasonable Suspicion / Cause  Post Accident  Return to Duty  Follow Up  Other \_\_\_\_\_

COLLECTOR NAME (PRINT) \_\_\_\_\_ Collector Phone No. (\_\_\_\_\_) \_\_\_\_\_  
Collector Fax No. (\_\_\_\_\_) \_\_\_\_\_

Read specimen temperature within (4) minutes. Specimen within range:  Yes, 90° - 100°F (32° - 38°C)  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 Lot #: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Screen performed by: **X** \_\_\_\_\_ Date: \_\_\_\_\_  
(If different than collector) Remarks: \_\_\_\_\_

SPECIMEN VALIDITY TEST RESULTS <small>(See color chart and package insert for interpretation)</small>		DRUG NAME	NEG	PRESUMPTIVE POSITIVE	NOT TESTED
<input type="checkbox"/> Ox	Oxidant	Amphetamine (AMP)	[ ]	[ ]	[ ]
<input type="checkbox"/> S.G.	Specific Gravity	Barbiturates (BAR)	[ ]	[ ]	[ ]
<input type="checkbox"/> pH	pH	Benzodiazepines (BZO)	[ ]	[ ]	[ ]
<input type="checkbox"/> Ni	Nitrite	Buprenorphine (BUP)	[ ]	[ ]	[ ]
<input type="checkbox"/> GL	GL	Cocaine (COC)	[ ]	[ ]	[ ]
<input type="checkbox"/> CR	Creatinine	Marijuana (THC)	[ ]	[ ]	[ ]
		Methadone (MTD)	[ ]	[ ]	[ ]
		Methamphetamine (mAMP)	[ ]	[ ]	[ ]
		Ecstasy (MDMA)	[ ]	[ ]	[ ]
		Opiate (OPI/MOP)	[ ]	[ ]	[ ]
		Oxycodone (OXY)	[ ]	[ ]	[ ]
		Phencyclidine (PCP)	[ ]	[ ]	[ ]
		Propoxyphene (PPX)	[ ]	[ ]	[ ]
		Tricyclic Antidepressants (TCA)	[ ]	[ ]	[ ]
		Other _____	[ ]	[ ]	[ ]
		<b>ALCOHOL SCREEN (If Performed)</b>			
		Results	[ ]	[ ]	[ ]

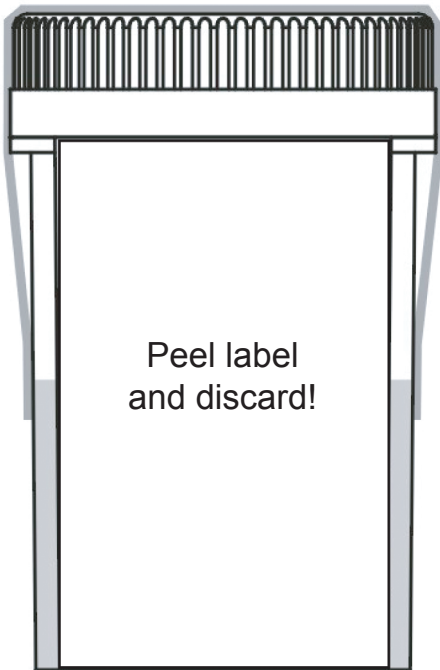
**DONOR RESULTS SHOWN ABOVE**

## 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)



Peel label  
and discard!

Check Lid to ensure that it is secure and tight.  
Place Cup results side down over this opening.  
Press the "COPY" button on your photocopier.