



an inverness medical company



ORAL FLUID 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. (_____) _____

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 _____ Date (Mo/Day/Yr) _____
Signature of Donor (Print) Donor's Name (First, MI, Last)

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

	DRUG NAME	NEG	PRESUMPTIVE POSITIVE	NOT TESTED
Lot #: _____	Amphetamine (AMP)	[]	[]	[]
Exp. Date: _____	Benzodiazepines (BZO)	[]	[]	[]
	Cocaine (COC)	[]	[]	[]
	Marijuana (THC)	[]	[]	[]
	Methamphetamine (mAMP)	[]	[]	[]
	Opiate (OPI)	[]	[]	[]
	Phencyclidine (PCP)	[]	[]	[]
	Other _____	[]	[]	[]
	ALCOHOL SCREEN (If Performed)			
	Results	[]	[]	[]

Screen performed by: (If different than collector) **X** _____ Date: _____

Remarks: _____

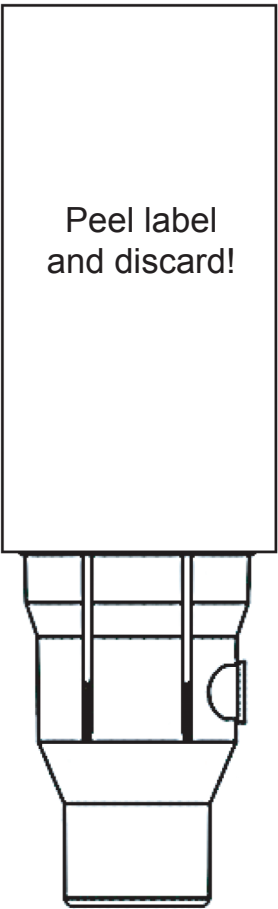
DONOR RESULTS SHOWN ABOVE

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 _____ Time of Collection _____
Signature of Collector

X _____ Date (Mo/Day/Yr) _____
(Print) Collector's Name (First, MI, Last)



Peel label
and discard!

Check Cap to ensure that it is secure and tight.
Place Oral Device results side down over this opening.
Press the “COPY” button on your photocopier.