



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

PRESS HARD - YOU ARE MAKING MULTIPLE COPIES

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) _____