



Center for Medical Science  
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# FORENSIC URINE TOXICOLOGY

SAMPLE TRACKING ID:

## DONOR INFORMATION

DONOR LAST NAME		FIRST NAME		GENDER <input type="checkbox"/> M <input type="checkbox"/> F	
DATE OF BIRTH (MM/DD/YY)		PHONE			
ADDRESS				APT. #	
CITY		STATE		ZIP	
OTHER INFORMATION					


## AGENCY INFORMATION

ORDERED BY		
AGENCY		
AGENCY ADDRESS		
CITY	STATE	ZIP
EMAIL	PHONE	FAX

## SPECIMEN COLLECTION

REASON FOR COLLECTION	COLLECTION DATE	COLLECTION TIME <input type="checkbox"/> AM <input type="checkbox"/> PM	COLLECTION LOCATION
COLLECTOR NAME	COLLECTOR SIGNATURE	COLLECTOR COMMENTS	
TEMPERATURE OF URINE WAS READ WITHIN 4 MINUTES OF COLLECTION AND WAS WITHIN 90-100 DEGREES F (32-38 DEGREES °C) <input type="checkbox"/> YES <input type="checkbox"/> NO			

## TEST PANEL ORDERS (All test panels include specimen validation and confirmation testing)

5emplU <input type="checkbox"/> <b>5 PANEL DRUG URINE TEST</b> <small>(For Employee Screening)</small> Amphetamines, Cocaine, Opiates, PCP, THC	
10emplU <input type="checkbox"/> <b>10 PANEL DRUG URINE TEST</b> <small>(For Employee Screening)</small> Amphetamines, Benzodiazepines, Cocaine, Ecstasy, Fentanyl, Heroin metabolite, Methadone, Opiates, PCP, THC <small>(THC testing not available in NYS)</small>	
<b>DIRECT-TO-DEFINITIVE DRUG TESTING</b> <small>(direct to LC-MS/MS analysis includes forensic confirmation testing and quantification)</small>	
addtoxU <input type="checkbox"/> <b>ADDITION TOX PANEL</b> Confirmatory level testing used for selective identification and quantitation of over 60 drugs and metabolites with drug classes that include amphetamines, benzodiazepine (therapeutic and designer), ecstasy, gabapentinoids, heroin, opiates, oxy-opiates, muscle relaxants, sedatives (non-benzodiazepine) and synthetic stimulants (bath salts).	
	
Scan the QR code for a listing of all drugs and metabolites in the direct-to-definitive and confirmation panels	
etgtoxU <input type="checkbox"/> <b>ALCOHOL TOX SCREEN</b> Screening for ethylglucuronide (ETG) by immunoassay with LC-MS/MS confirmation for ETG ethylsulfate (ETS)	
thctoxU <input type="checkbox"/> <b>CANNABINOID TOX SCREEN</b> Screening for cannabinoids by immunoassay with LC-MS/MS confirmation for carboxy THC and cannabidiol (CBD)	
<input type="checkbox"/> <b>OTHER TEST(S)</b> <i>Specify</i> _____	

## DRUG CONFIRMATION ORDERS

amphetU <input type="checkbox"/> <b>AMPHETAMINES</b> Amphetamine, methamphetamine, MDMA, MDA, MDEA, phentermine, pseudoephedrine	fentyU <input type="checkbox"/> <b>FENTANYL</b> Fentanyl, norfentanyl, betahydroxyfentanyl, 4-ANPP (synthetic precursor)
benzoU <input type="checkbox"/> <b>BENZODIAZEPINES</b> Alprazolam, $\alpha$ -hydroxyalprazolam, clonazepam, 7-aminoclonazepam, diazepam, nordiazepam, lorazepam, oxazepam, temazepam, midazolam, flurazepam, hydroxyethylflurazepam, triazolam, $\alpha$ -hydroxytriazolam	heroinU <input type="checkbox"/> <b>HEROIN</b> Morphine, 6-acetylmorphine
buprenU <input type="checkbox"/> <b>BUPRENORPHINE</b> Buprenorphine, norbuprenorphine, naloxone, nornaloxone	hydroxycU <input type="checkbox"/> <b>HYDROCODONE &amp; HYDROMORPHONE</b> Hydrocodone, hydromorphone, norhydrocodone, dihydrocodone
cannabU <input type="checkbox"/> <b>CANNABINOIDS</b> Carboxy THC, cannabidiol (CBD)	methadU <input type="checkbox"/> <b>METHADONE</b> Methadone, EDDP
cocainU <input type="checkbox"/> <b>COCAINE</b> Cocaine, benzoylecgonine	nicotnU <input type="checkbox"/> <b>NICOTINE</b> Cotinine
ecstasU <input type="checkbox"/> <b>ECSTASY</b> MDMA, MDA, MDEA	opiateU <input type="checkbox"/> <b>OPIATES</b> Morphine, codeine, 6-acetylmorphine, oxycodone, noroxycodone, oxymorphone, noroxymorphone, hydrocodone, norhydrocodone, hydromorphone, dihydrocodeine
etgetsU <input type="checkbox"/> <b>ETHANOL METABOLITES</b> Ethylglucuronide (ETG), ethylsulfate (ETS)	oxyopU <input type="checkbox"/> <b>OXYCODONE</b> Oxycodone, noroxycodone, oxymorphone, noroxymorphone
	pcpU <input type="checkbox"/> <b>PHENCYCLIDINE</b> Phencyclidine

## DONOR ATTESTATION

I am the donor of this specimen as requested and certify that the information provided on this form is correct. I also certify that the specimen labeled bottle I used in the collection was sealed in my presence, that the labeling of the specimen is correct, and that the specimen has not been substituted, diluted or adulterated.

DONOR SIGNATURE \_\_\_\_\_

## FOR LABORATORY USE ONLY

RECEIVED FROM _____	DATE ____/____/____
RECEIVED BY _____	SEAL(S) INTACT <input type="checkbox"/> YES <input type="checkbox"/> NO
RECEIVER REMARKS _____	