



A&A MEDICAL OFFICE AND SUPPLIES LTD.
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Drug Test Record Form

Specimen ID Number: _____ Date of Collection: _____

Collection Site / Company Information:

Company: _____

Address: _____ Suite: _____

City: _____ Parish: _____ Country: _____

Collector's Name: _____ Phone: _____

Specimen Temperature: (32-38°C) In Range? Yes ☐ No ☐

Donor Information:

Donor's Name: _____

Photo ID# or TRN: _____

Identification Type: _____

Notes: _____

Telephone: _____

Drug Testing Kit Information

Lot Number: _____

Expiration Date: _____

Panel Type: 4 ☐ 5 ☐ 6 ☐ 8 ☐
10 ☐ 11 ☐ 12 ☐

Certification Information:

I hereby certify that the specimen provided is my own and has not been substituted or adulterated. I further agree and grant permission for the testing of my specimen for drug metabolite and / or alcohol.

Donor's Signature

Date

I hereby certify that I collected the specimen provided by the aforementioned donor and that it was not substituted or adulterated to the best of my knowledge. The specimen temperature and color were acceptable.

Collector's Signature

Date

Initial Screen Results:

Drug Name	Device Code	Negative	Non-Negative	Not Tested
Cocaine	COC	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Marijuana	THC	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Opiates / Morphine	OPI/MOR	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Amphetamines	AMP	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Methamphetamine	mAMP	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Phencyclidine	PCP	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Benzodiazepine	BZO	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Barbiturates	BAR	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Methadone	MTD	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tricyclic Antidepressants	TCA	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Oxycodone	OXY	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Propoxyphene	PPX	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Methylenedioxymethamphetamine	MDMA	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Buprenorphine	BUP	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Alcohol Screening	ALC	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Adulteration Panel Results

(See color chart and package insert for interpretation)

<input type="checkbox"/>	Oxidant	Normal <input type="checkbox"/> Abnormal <input type="checkbox"/> Other _____
OX		
<input type="checkbox"/>	Specific Gravity	Normal <input type="checkbox"/> Abnormal <input type="checkbox"/> Other _____
S.G.		
<input type="checkbox"/>	pH	Normal <input type="checkbox"/> Abnormal <input type="checkbox"/> Other _____
pH		
<input type="checkbox"/>	Nitrite	Normal <input type="checkbox"/> Abnormal <input type="checkbox"/> Other _____
Ni		
<input type="checkbox"/>	GL	Normal <input type="checkbox"/> Abnormal <input type="checkbox"/> Other _____
GL		
<input type="checkbox"/>	Creatinine	Normal <input type="checkbox"/> Abnormal <input type="checkbox"/> Other _____
CR		

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