

# T-Cube™ Drug Test Screening Report

## Test Information

Operator ID: admin Test Date: 2017-07-28 Test Time: 15:51:54  
 Donor ID: \_\_\_\_\_ Email Address: \_\_\_\_\_  
 Testing Site: \_\_\_\_\_  
 Specimen Type: ☒ Urine ☐ Saliva  
 Reason for Test:  
☐ Pre Employment ☐ Random ☐ Reasonable suspicion/cause  
☐ Post Accident ☐ Return To Duty ☐ Follow Up  
☐ Other: \_\_\_\_\_  
 Remarks: \_\_\_\_\_

## Product Information

Product ID: \_\_\_\_\_ Product Lot: \_\_\_\_\_  
 Expiration Date: 2017-07-28 \*Temperature in Range: ☐ Yes ☒ No

**\*Disclaimer:**

Alcohol Saliva Test Strip, Adulteration and Temperature Strips must be read by direct optical observation based on specific instruction in product insert accordingly after specimen is collected.

## Test Result

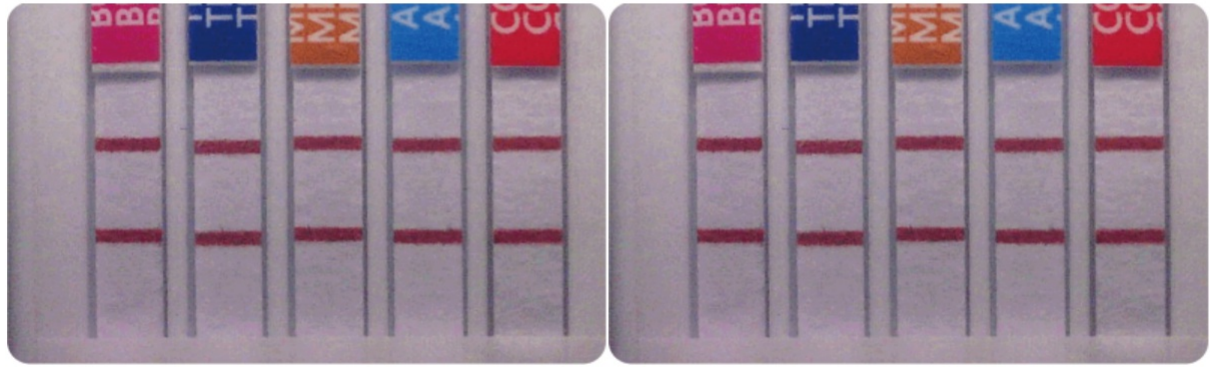
Strip	Drug	Cutoff(ng/ml)	Control Line	Result
Strip1	COC	20	Valid	Negative
Strip1	COC	20	Valid	Negative
Strip1	COC	20	Valid	Negative
Strip1	COC	20	Valid	Negative
Strip1	COC	20	Valid	Negative
Strip1	COC	20	Valid	Negative
Strip1	COC	20	Valid	Negative
Strip1	COC	20	Valid	Negative
Strip1	COC	20	Valid	Negative
Strip1	COC	20	Valid	Negative
Strip1	COC	20	Valid	Negative
Strip1	COC	20	Valid	Negative
Strip1	COC	20	Valid	Negative
Strip1	COC	20	Valid	Negative
Strip1	COC	20	Valid	Negative
Strip1	COC	20	Valid	Negative

**\*Disclaimer:**

The test provides only a qualitative, preliminary analytical result. For the result that is non-negative, adulterated or substituted should be confirmed by GC/MS at a certified laboratory and then reviewed by an MRO.

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### Test Image



### Signature

Donor Signature: \_\_\_\_\_ Operator Signature: \_\_\_\_\_  
Date: \_\_\_\_\_ Date: \_\_\_\_\_