


# T-Cup<sup>®</sup> Drug Test Screening Report

## Test Information

Operator ID:  \_\_\_\_\_ Test Date: \_\_\_\_\_ Test Time: \_\_\_\_\_  
 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: \_\_\_\_\_ \*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

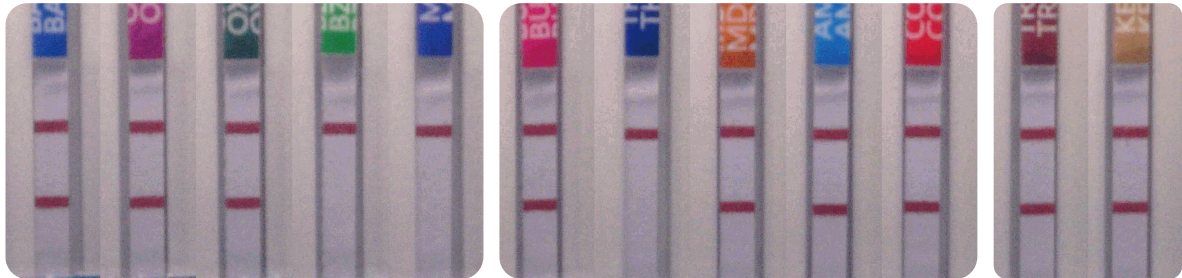
	<input type="checkbox"/> Normal	<b>Strip</b>	<b>Drug</b>	<b>Cutoff (ng/ml)</b>	<b>Control Line</b>	<b>Result</b>
<b>Oxidant</b>	<input type="checkbox"/> Abnormal	Strip 1	BAR	300	Valid	Negative
	<input type="checkbox"/> Not Tested	Strip 2	OPI	1,000	Valid	Negative
		Strip 3	OXY	300	Valid	Negative
<b>Specific Gravity</b>	<input type="checkbox"/> Normal	Strip 4	BZO	300	Valid	Non-Negative
	<input type="checkbox"/> Abnormal	Strip 5	MET	1,000	Valid	Non-Negative
	<input type="checkbox"/> Not Tested	Strip 6	BUP	10	Valid	Negative
<b>pH</b>	<input type="checkbox"/> Normal	Strip 7	THC	50	Valid	Non-Negative
	<input type="checkbox"/> Abnormal	Strip 8	MDMA	500	Valid	Negative
	<input type="checkbox"/> Not Tested	Strip 9	AMP	1,000	Valid	Negative
<b>Nitrite</b>	<input type="checkbox"/> Normal	Strip 10	COC	300	Valid	Negative
	<input type="checkbox"/> Abnormal	Strip 11	TRA	100	Valid	Negative
	<input type="checkbox"/> Not Tested	Strip 12	KET	1,000	Valid	Negative
<b>Creatinine</b>	<input type="checkbox"/> Normal					
	<input type="checkbox"/> Abnormal					
	<input type="checkbox"/> Not Tested					

**\*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: \_\_\_\_\_