

T-Cube™ 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

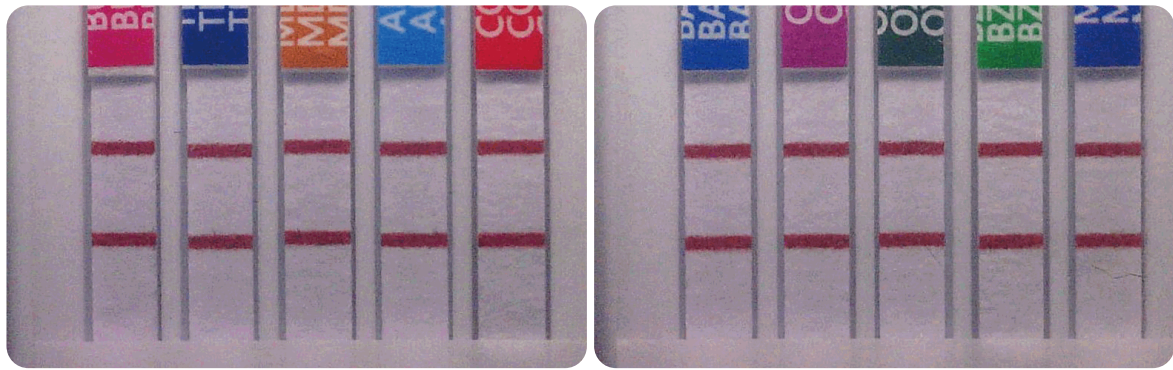
Strip	Drug	Cutoff (ng/ml)	Control Line	Result
Strip 1	COC	20	Valid	Negative
Strip 2	AMP	40	Valid	Negative
Strip 3	MDMA	100	Valid	Negative
Strip 4	THC	25	Valid	Negative
Strip 5	BUP	5	Valid	Negative
Strip 6	MET	50	Valid	Negative
Strip 7	BZO	10	Valid	Negative
Strip 8	OXY	20	Valid	Negative
Strip 9	OPI	15	Valid	Negative
Strip 10	BAR	60	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: _____