

T-Cup[®] 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

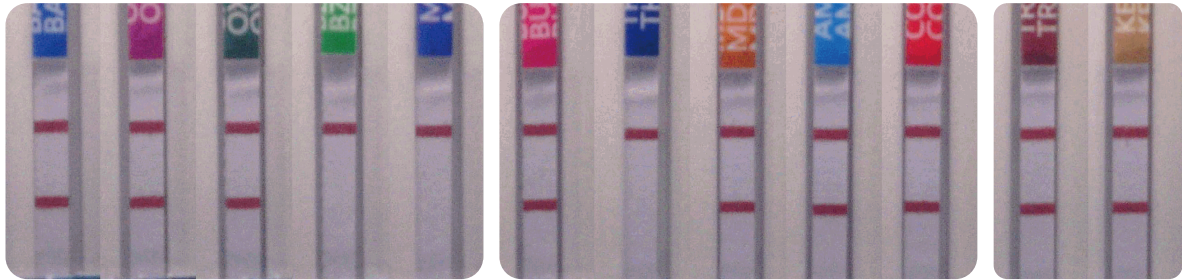
Oxidant	<input type="checkbox"/> Normal	Strip	Drug	Cutoff (ng/ml)	Control Line	Result
	<input type="checkbox"/> Abnormal	Strip 1	BAR	300	Valid	Negative
	<input type="checkbox"/> Not Tested	Strip 2	OPI	1,000	Valid	Negative
Specific Gravity	<input type="checkbox"/> Normal	Strip 3	OXY	300	Valid	Negative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