

Drug and Alcohol Testing Results Record



Ref no. _____ Company Name _____

1. Sample Donor Details

Name: _____

Job Title: _____

DOB: _____

Gender: ☐ Male ☐ Female

1B. Sample Donor Medication

Medication	Dosage

2. Reason for Testing

Random ☐
Periodic ☐
Investigation ☐
Pre-employment ☐
Other: _____

Please cont. on reverse side if needed

3. Proof of Identity

Photographic ID available for inspection: ☐ **YES** - please complete **part 1** ☐ **NO** - please complete **part 2**

PART 1: Photo ID provided: _____ ID related number: _____

Part 2: An authorised person e.g. Employer/Solicitor must sign below. I can confirm I am able to identify the sample donor and that the details entered above are accurate to the best of my knowledge

Print name: _____ Signature: _____ Relationship to Donor: _____ Employer: _____

Sample Donor

I hereby consent to a urine and breath test to detect or monitor the presence of drugs and their metabolites and the presence of alcohol in samples of my breath. I accept that the test does not constitute a violation of my human rights. In the event of a non-negative result (drugs) and or positive result (alcohol), I understand the policy of _____. I accept the interpretation of of my test results by the assessor. I give consent for the employer/ agency/ person paying for the tests to have access to the results and accept that records of the results will be kept. I understand this includes any result relating to medication, whether declared or undeclared at the time of sample collection. I understand that a chain of custody maybe performed in light of a non-negative drugs screen and give consent for my sample to be laboratory tested to confirm the results of any initial analysis undertaken. I hold the individuals and testing companies involved within this procedure blameless against any loss or damage, direct or indirect, for either the results obtained or for any action arising or taken by any person in receipt of this information.

Donor Signature _____ Date: _____

6. Alcohol Testing: Please confirm that the sample donor has not eaten, drank (except water), smoked, chewed gum or used mouthwash in the last 15 minutes. ☐ Please initial

Breath Results: Reading 1: µg/100ml Reading 2: µg/100ml Reading 3: µg/100ml Reading 4: µg/100ml
Result of screen shown approx BREATH ALCOHOL CONCENTRATION µg/100ml The UK driving limit is 80mg/100ml.

- 1. Result of > 0µg/100ml a second reading is required 15 minute wait before taking the second reading
- 2. Further reading required if second reading is higher than the first. Wait 15 minutes before taking further reading
- 3. Last reading will be used to report results in all cases
- I confirm the above results recorded are accurate and true

CLIENT CUT-OFF LEVEL
..... µg/100ml

Breathalyzer Calibration Date: _____

Donor Signature _____ Date: _____

7. Drug Testing: Details and Results Sample type: Urine

Sample temperature range (32-38 deg) ☐ YES Drug kit Lot no. _____ Drug kit Expiry Date: _____

Valid results require the presence of all control lines, where magenta test lines do not form, the sample donor is considered non-negative for that particular drug. A formed line is a negative regardless of how faint the line is.

Drug Tested	Negative	Non-negative	Drug Tested	Negative	Non-negative
Methamphetamine (MET)	<input type="checkbox"/>	<input type="checkbox"/>	Ecstasy (MDMA)	<input type="checkbox"/>	<input type="checkbox"/>
Cocaine (COC)	<input type="checkbox"/>	<input type="checkbox"/>	Methadone (MTD)	<input type="checkbox"/>	<input type="checkbox"/>
Cannabis (THC)	<input type="checkbox"/>	<input type="checkbox"/>	Tramadol (TML)	<input type="checkbox"/>	<input type="checkbox"/>
Amphetamines (AMP)	<input type="checkbox"/>	<input type="checkbox"/>	Ketamine (KET)	<input type="checkbox"/>	<input type="checkbox"/>
Morphine (MOP)	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
Benzodiazepines (BZO)	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>

Donor Signature _____ Date: _____

8. Action Taken by Sample Collector

No action required, all tests negative ☐

Notify the requester of any non-negative ☐ Alcohol ☐ Drugs Laboratory tests ordered and urine samples declared and sealed for dispatch ☐

Additional Information _____ Testers signature _____