Drug and Alcohol Testing Results Record working **Company Name** Ref no. with



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: Date: Please confirm that the sample donor has not eaten, drank (except water), smoked, chewed gum or used mouthwash in the last 15 minutes.	1. Sample Donor Details			1B. Sample Dono	or Medication	2. Reason	for Testing
Dob Title: Dob	Name:	_		Medication	Dosage	Periodic 🗆	
Sample Donor Sample Donor The state of the sample described the sample described to sample some state of the sample described to sample some some sample some some sample some some some some some some some som	Job Title:					Pre-employme	nt 🗆
Please cont. on reverse able if needed 3. Proof of Identity Photographic ID available for inspection: PART 1: Photo ID provided: Direlated number:	DOB:	_					
3. Proof of Identity 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:	Gender: □ Male □ Female						
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 benefit created to a unite ental seath test to detect or motion the presence of days and their metabolies and the presence of allowing in samples of my breath. I accept that the total does not considered to reputate my breath agosts in the event of a two-reputate my breath agosts. In the event of a two-reputate my breath agosts in the event of a two-reputate my breath agosts. I accept that the total does not considered to reputate my breath agosts and accept that except that the total does not considered or put the event of a two-reputate my breath agost and the presence of days and their metabolies and the presence of allowing the event of the season and the presence of allowing the event of the season and the presence of allowing the event of the season and the presence of allowing the event of the season and the presence of allowing the event of the season and the presence of allowing the event of the season and the presence of allowing the event of the season and the presence of allowing the event of the season and the presence of allowing the event of the season and the presence of allowing the event of the season and the presence of allowing the season of the presence of allowing the presence of allowing the season of the sea				Please cont. on reverse side	e if needed		
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 Thereby consent to a urine and breash test to detect or monitor the presence of drugs and their metabolises and the presence of alcohol in samples of my breath. I accept that the test does not constitute a violation on they human sights. In the overt of a non-negative result drugs) and or positive result (plotody), funderstand the public of a consequence of the presence of drugs and their metabolises and the presence of alcohol in samples of my breath. I accept that the test does not constitute a violation on they human sights. In the overt of a non-negative test of they human sights. In the overt of a non-negative to indicate any result reading to medicate, or, where declarer or unactured at the run of sample collection. Lunderstand that a chain of outdoor ynaphre personnel in large of an example of the inflormation. Discourage and your or derivage, direct or indirect, for either the results officially and sensing or basen by any person in recept of this inflormation. Donor Signature Donor Signature Deter: Please confirm that the sample donor has not eaten, drank (except water), smoked, chewed gum place in the sample donor has not eaten, drank (except water), smoked, chewed gum place in the sample donor has not eaten, drank (except water), smoked, chewed gum place in the sample donor has not eaten, drank (except water), smoked, chewed gum place in the sample donor is good to declare a constitute of the sample donor has not eaten, drank (except water), smoked, chewed gum place in the sample donor is declared to constitute and the sample donor is declared. Please intilized to constitute and the sample donor has not eaten, drank (except water), smoked, chewed gum place in the sample donor is declared. Please of the place in the sample donor	3. Proof of Identity	_	•	for YES -	please complete part 1	NO - please	complete part 2
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The relative consent to a urine and breath test to detect or monitor the presence of drugs and their metabolities and the presence of alcohol in samples of my breath. I accept that the test does not constitute or voicition of my human rights, in the event of a non-regulative result (plays) and or positive results) and accept that the class to end or positive results (plays) and or positive results (play	Print name:	Signa	ture:	Relationshi	p to Donor:	Employer:	
Thereby 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 voidation of my human rights. In the event of a non-regative result (clause) and or positive result (clause) and or positive result (clause) and or positive result (clause). I understand the policy of understand the includes any result reliang to medication, whether deteared or undeclared at the time of sample collection. Understand that a chain of custody implye performed in light of a non-regative drugs screen and give consent for my applied to be laboratory tested to confirm the results of any indian analysis understand; high the drugs involved within the 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: Date:	Sample Donor						
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Breath Results: Reading 1:	Donor Signature			Date:			
Result of screen shown approx BREATH ALCOHOL CONCENTRATION µg/100ml µg/100m			•		(except water), smoked	, chewed gum	Please initia
• 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 Date: Date:		CONCENTRATION	•	_			Reading 4: μg/100ml
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 Breathalyzer Calibration 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 feint the line is. Drug Tested Negative Non-negative Drug Tested Negative Non-negative Methamphetamine (MET)	2. Further reading required if s3. Last reading will be used to	econd readin report results	g is higher than the in all cases	•	ŭ	g	μg/100ml
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 feint the line is. Drug Tested Negative Non-negative Drug Tested Negative Non-negative Methamphetamine (MET)						_	
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Sample temperature range (32-38 deg) YES Drug kit Lot no Drug kit Expiry Date:	7. Drug Testing: Details	and Resu	Its Sample typ	e [.] Urine			
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Methamphetamine (MET) Cocaine (COC) Methadone (MTD) Cannabis (THC) Tramadol (TML) Amphetamines (AMP) Morphine (MOP) Benzodiazepines (BZO)				do not form, the sample dono	r is considered non-negative for	that particular drug. A	
Cocaine (COC) Methadone (MTD) Tramadol (TML) Amphetamines (AMP) Morphine (MOP) Benzodiazepines (BZO)	Drug Tested	Negative	Non-negative	Drug Tested	Negative	Non-negative	
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Amphetamines (AMP) Morphine (MOP) Benzodiazepines (BZO) Ketamine (KET) Benzodiazepines (BZO)	Cocaine (COC)			Methadone (MTD)			
Morphine (MOP) Benzodiazepines (BZO)	Cannabis (THC)			Tramadol (TML)			
Benzodiazepines (BZO)	Amphetamines (AMP)			Ketamine (KET)			
	Morphine (MOP)						
Donor Signature Date:	Benzodiazepines (BZO)						
				Data			
	Donor Signature			Dale.			

Testers signature

Additional Information