

# On-Site Drug Test Results Form

## Company Information: (Information about the company doing the testing)

Company Name \_\_\_\_\_

Suite \_\_\_\_\_

Address \_\_\_\_\_

Zip \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

Phone/Fax \_\_\_\_\_

## Donor Information: (Information about the person being tested)

Donor Name \_\_\_\_\_

SSN or ID# \_\_\_\_\_

Identification Type \_\_\_\_\_

Expiration \_\_\_\_\_

## Test Information:

Reason for Test: ☐ Pre Employ ☐ Random ☐ Post Accident ☐ Reasonable Suspicion ☐ Periodic

Date of Collection: \_\_\_\_\_

Time of Collection: \_\_\_\_\_ AM / PM

Specimen Type: ☐ Oral Fluids ☐ Urine

Temperature 90 - 100 ° F ☐ YES ☐ No

Lot #: \_\_\_\_\_

Remarks: \_\_\_\_\_

## Certification Information: (Must be signed by both Donor and Collector)

I hereby certify that the specimen provided is my own and has not been substituted or adulterated, I further agree and grant permission for the testing of my specimen for drug metabolites and/or alcohol. Also, I hereby give permission for the release of the results of this test to my employer/prospective employer and/or their authorized Healthcare professionals.

Donor's Signature \_\_\_\_\_

Date \_\_\_\_\_

I hereby certify that I collected the specimen provided by the aforementioned Donor and that it was not substituted or adulterated to the best of my knowledge. The specimen temperature and color were acceptable.

Collector's Signature \_\_\_\_\_

Date \_\_\_\_\_

## Test Results: (Non-negative results must be confirmed by a Lab (using GC/MS))

☐ **Negative for all**
☐ **Positive** - for the  
drugs marked:

☐ Alcohol - ETG

☐ Amphetamines - AMP

☐ Barbiturates - BAR

☐ Buprenorphine - BUP

☐ Benzodiazepine - BZO

☐ Cocaine - COC

☐ Methamphetamine - mAMP

☐ MDMA - MDMA

☐ Methadone - MTD

☐ Nicotine / Cotinine - COT

☐ Opiates/Morphine - OPI

☐ Oxycodone - OXY

☐ Marijuana - THC

☐ Phencyclidine - PCP

☐ Propoxyphene - PPX

☐ Tricyclic - TCA

### Adulteration

☐ OX Oxidant

☐ SG Specific Gravity

☐ pH pH