



## Instant Drug Screen Results

Candidate name: q w

DOB: 08/09/1983

Address:

Contact number:

Tester's name:

Tester's signature:

Date: 25/11/2014

I, I, understand that I am required to provide a sample of my urine under supervision for drug testing and/or a breath sample for alcohol testing. I am aware these results will be sent to the company requesting the drug and alcohol screen, and kept on record at RediMed. I declare that I have taken the following medications (prescription and non-prescription) in the last 14 days:

21111111wsdferse6eryhfgdsdfghjk

Candidate signature:

Date: 03/11/2014

The candidates drug test results were as follows:

Test name	Non-Negative	Negative
Marijuana (THC)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Cocaine (COC)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Opiates 300 (OPI300)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Amphetamines (AMP)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Methamphetamines (MET)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Benzodiazepines (BZI)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Opiates 2000 (OPI)	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Temperature: 3

Creatinine: 4

Time: 6

Expiry Date: 2014/05

Notes: 5

The candidate's alcohol test results were as follows:

Time: 7

Reading: 8

Positive

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Negative

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2nd reading (if req): 9

Breathalyser Serial Number: 04390485



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