

Specimen ID Number \_\_\_\_\_

**STEP 1: COMPLETED BY COLLECTOR OR EMPLOYER REPRESENTATIVE**

COLLECTION SITE / COMPANY NAME: \_\_\_\_\_

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ SUITE: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ POSTAL CODE: \_\_\_\_\_

PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_

DONOR SSN, DRIVER'S LICENSE or EMPLOYEE I.D. NO.: \_\_\_\_\_ ID VERIFIED BY: PHOTO ID  EMPLOYER REP.

DONOR NAME: Last: \_\_\_\_\_ First: \_\_\_\_\_

REASON FOR TEST: Pre Employment  Random  Reasonable Suspicion / Cause  Post Accident  Return to Duty  Follow Up  Other

COLLECTOR NAME (PRINT) \_\_\_\_\_ Collector Phone No. (\_\_\_\_\_) \_\_\_\_\_ Collector Fax No. (\_\_\_\_\_) \_\_\_\_\_

Read specimen temperature within (4) minutes. Specimen within range:  Yes, 90° - 100°F (32° - 38°C)  No, record specimen temperature here \_\_\_\_\_

TO BE COMPLETED BY COLLECTOR

**STEP 2: COMPLETED BY DONOR**

**DONOR CONSENT:** I certify that I provided my specimen to the collector, that the specimen container was sealed with a tamper proof seal in my presence and that the information provided on this form and on the label affixed to the specimen container is correct. I hereby give permission for the release of the results of these tests to the health care provider. In the case of screening for employment or pre-employment, I also authorize release of the results of these tests to my employer or prospective employer and / or their authorized health care provider.

**X** \_\_\_\_\_ (Print Donor's Name (First, MI, Last)) \_\_\_\_\_ Date (Mo/Day/Yr) \_\_\_\_\_  
 Signature of Donor

Daytime Phone: \_\_\_\_\_ Evening Phone: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
 Date (Mo/Day/Yr)

TO BE COMPLETED BY DONOR

**STEP 3: COMPLETED BY COLLECTOR — PRELIMINARY TEST RESULTS**

ON-SITE SCREENING DEVICE preliminary results Lot#: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Catalog #: \_\_\_\_\_

SPECIMEN VALIDITY TEST RESULTS Screen performed by: **X** \_\_\_\_\_ Date: \_\_\_\_\_  
 (See color chart and package insert for interpretation) (If different than collector) Remarks: \_\_\_\_\_

DRUG NAME	NEG	PRESUMPTIVE POSITIVE	NOT TESTED
Amphetamine (AMP)	[ ]	[ ]	[ ]
Barbiturates (BAR)	[ ]	[ ]	[ ]
Benzodiazepines (BZO)	[ ]	[ ]	[ ]
Buprenorphine (BUP)	[ ]	[ ]	[ ]
Cocaine (COC)	[ ]	[ ]	[ ]
EDDP (Methadone Metabolite)	[ ]	[ ]	[ ]
Marijuana (THC)	[ ]	[ ]	[ ]
Methadone (MTD)	[ ]	[ ]	[ ]
Methamphetamine (mAMP)	[ ]	[ ]	[ ]
Ecstasy (MDMA)	[ ]	[ ]	[ ]
Opiate (OPI/MOP)	[ ]	[ ]	[ ]
Oxycodone (OXY)	[ ]	[ ]	[ ]
Phencyclidine (PCP)	[ ]	[ ]	[ ]
Propoxyphene (PPX)	[ ]	[ ]	[ ]
Tricyclic Antidepressants (TCA)	[ ]	[ ]	[ ]
Other _____	[ ]	[ ]	[ ]
<b>ALCOHOL SCREEN (If Performed)</b>			
Results	[ ]	[ ]	[ ]

**DONOR RESULTS SHOWN ABOVE**

**STEP 4: COLLECTOR CERTIFICATION**

**COLLECTOR CERTIFICATION:** I certify that the specimen given to me by the donor identified above was collected, labeled, sealed & released as noted in accordance with applicable requirements.

**X** \_\_\_\_\_ Time of Collection \_\_\_\_\_  
 Signature of Collector

**X** \_\_\_\_\_ Date (Mo/Day/Yr) \_\_\_\_\_  
 (Print) Collector's Name (First, MI, Last)