

Preliminary Drug Screen Result Form

Company Information

Company Name: _____

Address: _____

Phone: _____ Fax: _____

Donor Information

Donor Name: _____ SSN or ID#: _____

Test Information

Reason for Test: Pre Employment Random Post Accident Reasonable Suspicion Periodic

Date of Collection: _____ Time of Collection: _____ : _____ AM / PM Temperature 90 – 100° YES NO

Specimen Type: Oral Fluid Urine Test Lot #: _____ Remarks: _____

Certification and Consent

I 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 the presence of drugs and/or alcohol.

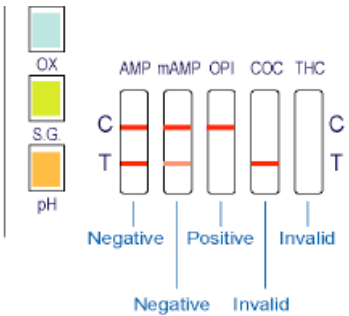
Donor Signature: _____ Date: _____

I 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.

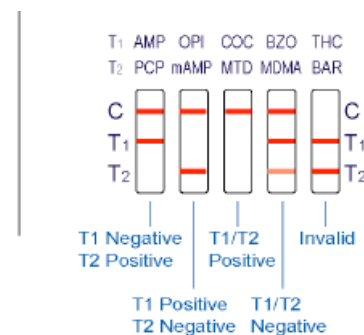
Collector Signature: _____ Date: _____

Interpret Preliminary Test Results

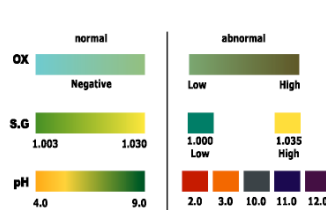
Single Drug Line Example



Multi-Drug Line Example



Adulterant Example



Refer to color chart enclosed with box of test for accurate interpretation

To Photocopy Results:

1. Cut this section out
2. Place form face down on copier
3. Place STATDIP or STATCUP Results face down inside the window.
4. Photocopy form with results and complete the test information on the photocopied form.
5. **Re-Use** this blank form for each test result.

Donor Test Results Above

Document Preliminary Test Results - Confirm ALL Positive Results with GC/MS

Negative

Positive for the drugs marked:

- Marijuana -THC
- Opiate-Morphine - OPI/MOR
- Amphetamine – AMP
- Barbiturates – BAR
- Methadone – MTD
- Tricyclic-TCA
- Propoxyphene – PPX

- Cocaine - COC
- Methamphetamine - mAMP
- Phencyclidine - PCP
- Benzodiazepine - BZO
- Ecstasy-MDMA
- Oxycodone - OXY
- Alcohol - ALC

Remarks: (eg. Adulterant Results) _____