

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

Daytime Phone: \_\_\_\_\_ Evening Phone: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

TO BE COMPLETED BY DONOR

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

ON-SITE SCREENING DEVICE preliminary results	SPECIMEN VALIDITY TEST RESULTS (See color chart and package insert for interpretation)	DRUG NAME	NEG	PRESUMPTIVE POSITIVE	NOT TESTED
Catalog #: _____	<input type="checkbox"/> Oxidant	Amphetamine (AMP)	[ ]	[ ]	[ ]
Lot #: _____	<input type="checkbox"/> Specific Gravity	Barbiturates (BAR)	[ ]	[ ]	[ ]
Exp. Date: _____	<input type="checkbox"/> pH	Benzodiazepines (BZO)	[ ]	[ ]	[ ]
Screen performed by: (If different than collector)	<input type="checkbox"/> Nitrite	Buprenorphine (BUP)	[ ]	[ ]	[ ]
<b>X</b> _____	<input type="checkbox"/> GL	Cocaine (COC)	[ ]	[ ]	[ ]
Date: _____	<input type="checkbox"/> Creatinine	EDDP (Methadone Metabolite)	[ ]	[ ]	[ ]
Remarks: _____		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	[ ]	[ ]	[ ]

PRESS HARD - YOU ARE MAKING MULTIPLE COPIES

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

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