Urine Drug Screen / on-site device preliminary test results

DONOR INFORMATION — STEP 1: Collector completes donor information.

Requesting agency: _____ Account #: _____

Donor's last name: _____ Donor's first name: _____
please print   please print

Donor's ID number: _____ Requisition # on CCF Form: _____
(SSN or DL #)

Reason for Test: Pre-Employment / Random / Reasonable Cause / Post-Accident / Other _____

COLLECTOR VERIFICATION — STEP 2: Collector completes and validates that the specimen was collected properly.

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

Collector name : _____ Collector signature: _____
please print

Date of collection: _____ Time of collection: _____ Date shipped: _____

Comments: _____

DONOR CERTIFICATION — STEP 3: Donor completes and validates that the specimen was collected properly.

I certify that the specimen provided is my own and was not substituted or adulterated. The specimen was sealed in my presence with a tamper-evident seal and the information provided on this form and the information affixed to the specimen tube is correct. I authorize Redwood Toxicology Laboratory to perform the tests listed and to release the results of this test to the drug screening company contracted to collect the sample.

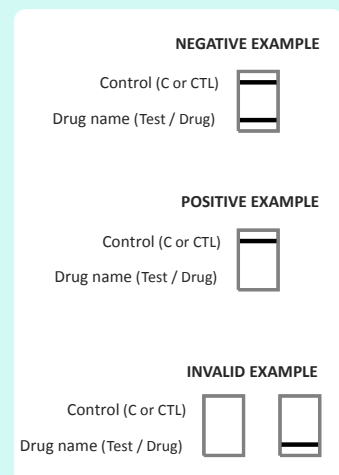Donor name: _____ Donor signature: _____
please print

Date of collection: _____ Time of collection: _____ Phone #: _____

PRELIMINARY TEST RESULTS — STEP 4: Perform test with on-site test device, log results and send presumptive positive samples to RTL for GC/MS confirmation.

Name of test device: _____ Number of drugs tested by device: _____ Temp in Range 90° to 100°: (circle one) Y / N

RESULTS KEY — *For reference only. Refer to the device product insert for complete instructions.*

SCREENING RESULTS LOG

Drug Name	Drug Code	Negative	Not Tested	Positive	GC/MS Confirmation
Amphetamine	AMP	[ ]	[ ]	[ ]	[ ]
Barbiturates	BAR	[ ]	[ ]	[ ]	[ ]
Benzodiazepines	BZO	[ ]	[ ]	[ ]	[ ]
Buprenorphine	BUP	[ ]	[ ]	[ ]	[ ]
Cocaine	COC	[ ]	[ ]	[ ]	[ ]
Ecstasy	MDMA	[ ]	[ ]	[ ]	[ ]
Marijuana	THC	[ ]	[ ]	[ ]	[ ]
Methadone	MTD	[ ]	[ ]	[ ]	[ ]
Methamphetamine	M-AMP	[ ]	[ ]	[ ]	[ ]
Opiates	OPI	[ ]	[ ]	[ ]	[ ]
Oxycodone	OXY	[ ]	[ ]	[ ]	[ ]
Phencyclidine	PCP	[ ]	[ ]	[ ]	[ ]
Propoxyphene	PPX	[ ]	[ ]	[ ]	[ ]
Tri-Cyclic Antidepressants	TCA	[ ]	[ ]	[ ]	[ ]
Alcohol	0% -----	.04% -----	.08% -----	.20% -----	Greater

NEGATIVE EXAMPLE
Control (C or CTL)
Drug name (Test / Drug)

POSITIVE EXAMPLE
Control (C or CTL)
Drug name (Test / Drug)

INVALID EXAMPLE
Control (C or CTL)
Drug name (Test / Drug)

Test performed by: _____ Date: _____

Positive specimen sent to lab for GC/MS confirmation: [ ] Yes   [ ] No   Date: _____

RECEIVING — TO BE COMPLETED BY LABORATORY PERSONNEL ONLY.

_____   _____
Specimen received by   Date received

Seal Intact
☐ Yes ☐ No

Label Match
☐ Yes ☐ No