



“Results You Can Rely On”
onsitescreening.com

Specimen ID Number: _____

Collection Test Date: _____

Company Information: (Company administering screening)

Company _____
Address _____ Suite _____
City _____ State _____ Postal Code _____
Collector’s Name _____ Phone _____ Fax _____

Donor Information: (Person being tested)

Donor’s Name _____ Employee ID# or Last Name: _____
ID# or SSN _____
Identification Type _____ Expiration _____

Certification Information: (Must be signed by both Donor and Collector)

I hereby 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 drug metabolites and/or alcohol.

Donor’s Signature _____ Date _____

I hereby certify that I collected the specimen provided by the aforementioned donor and that, to the best of my knowledge, it was not substituted or adulterated. The specimen temperature and color were acceptable.

Collector’s Signature _____ Date _____

Initial Screen Results: (All “Positive” results must be confirmed by GC/MS confirmation)

<u>Drug Name</u>	<u>Device Code</u>	<u>Negative</u>	<u>Positive</u>	<u>Not Tested</u>
Amphetamines	AMP	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Barbiturates	BAR	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Benzodiazepine	BZO	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Buprenorphine	BUP	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cocaine	COC	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Marijuana	THC	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Methadone	MTD	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Methamphetamine	mAMP	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Methylenedioxymethamphetamine	MDMA	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Opiates/Morphine	OPI/MOR	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Oxycodone	OXY	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Phencyclidine	PCP	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Propoxyphene	PPX	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tricyclic Antidepressants	TCA	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

ALCOHOL SCREEN ALC Level: _____

Adulteration Panel Results: (see color chart and package insert for interpretation)

OX/PCC Oxidant/PCC: In Range <input type="checkbox"/> Other: _____	S.G. Specific Gravity: In Range <input type="checkbox"/> Other: _____	pH pH: In Range <input type="checkbox"/> Other: _____
NIT Nitrite: In Range <input type="checkbox"/> Other: _____	GLU Gluderaldehyde: In Range <input type="checkbox"/> Other: _____	CRE Creatinine: In Range <input type="checkbox"/> Other: _____

Specimen Temperature (90-100°F): _____ In Range Other: _____

Office Use Only

Last Name

First Name