## **TEST RESULTS RECORD**

Company Information Company Name				
Address			Fax	
City	Sta	te/Province	Zip/Postal Code	
Name of Collector			Phone	
			Employee I.D	
Type of Identification Provid	ed: Driver's License	☐ Employee Photo I.I	D. 🗆 Other	
Reason for test:   Pre-emple	loyment □ Random □ R	Reasonable cause	Post-accident 🗆 Other	
Screen Results (Confirm results must be confirmed by laboratory) Test Ref #: Date/Time Collected		Time Interpreted		
Temperature:	Normal (90-100°) _read within four minute	Other s of collection.		
1. Creatinine 2. Nitrite 3. pH 4. Specific gravity	(COC) (THC) (OPI) (AMP) (PCP) (BZD) (BAR) (MTD) (MET)			
Certification I hereby agree to submit to and has not been substitute		ose of testing for drug	g metabolites. The specimen provided is	s my own
Donor signature	Date /	/ Time		
I hereby certify the specime	n has been provided by	the donor above.		
Collector signature	Date /	Time		
I hereby certify that a secure	e sample was received t	for confirmation.		
Laboratory signature	Date /	Time received		

NOTE: This form is also available as a PDF download from drugcup.com