Initial Drug Screen Result Form

For Questions Call: **(970) 377-1722**

Specimen ID Number: _____ **Collection Test Date:** _____

Step 1: Completed By Collector or Employer Representative

A. Employer Name: _____ **Phone:** _____

Address: _____ **City:** _____ **State:** _____ **Zip:** _____

B. Donor SSN or Employee I.D. No. | | | | | | | | | | | | | | |

C. Reason for Test:
☐ Pre-Employment ☐ Random ☐ Reasonable Suspicious/Cause
☐ Post-Accident ☐ Return to Duty ☐ Follow-up
☐ Other (specify) _____

D. Collection Site Name _____

Address _____ **Collector Phone:** _____

City, State, Zip: _____ **Collector Fax:** _____

Step 2: To be completed By Donor.

I certify that I provided my Urine specimen to the collector, that I have no adulterated it in any manner; and that the information provided on this form is correct.

X _____ _____ ___/___/___

Signature of Donor | (PRINT) Donor's Name (First, MI, Last) | Date (Mo/Day/Yr)

Daytime Phone No. ( ) _____ Evening Phone No. ( ) _____ Date of Birth ___/___/___ (Mo. Day Yr)

Step 3: To be completed by Collection Site.

I certify that the specimen given to me by the donor identified in Step 2 of this form was collected, in accordance with applicable Federal requirements.

X _____ _____ AM PM _____ ___/___/___

Signature of Collector | (PRINT) Donor's Name (First, MI, Last) | Time of Collection | Date (Mo/day/Yr)

Step 4: Results.

Read specimen temperature within 4 minutes. Is temperature between 90 and 100 degrees F? ☐ Yes ☐ No

Notes: _____

Drug Name	Device Code	Negative	Positive	Not Tested
Cocaine	COC	☐	☐	☐
Marijuana	THC	☐	☐	☐
Opiates/Morphine	OPI/MOR	☐	☐	☐
Amphetamines	AMP	☐	☐	☐
Methamphetamine	mAMP	☐	☐	☐
Phencyclidine	PCP	☐	☐	☐
Benzodiazepine	BZO	☐	☐	☐
Barbiturates	BAR	☐	☐	☐
Methadone	MTD	☐	☐	☐
Tricyclic Antidepressants	TCA	☐	☐	☐
Oxycodone	OXY	☐	☐	☐
Propoxyphene	PPX	☐	☐	☐
Methylenedioxymethamphetamine	MDMA	☐	☐	☐
ALCOHOL SCREEN	ALC	☐	Level _____	

Prescription Medication

- ☐ ACTIQ
- ☐ ADDERALL
- ☐ ALPRAZOLAM
- ☐ AMITRIPTYLINE
- ☐ ATIVAN
- ☐ AVINZA
- ☐ CARISOPRODOL
- ☐ CLONAZEPAM
- ☐ CODEINE
- ☐ DARVOCET
- ☐ DIAZEPAM
- ☐ DILAUDID
- ☐ DURAGESIC (☐ PATCH)
- ☐ ELAVIL
- ☐ ENDOCET
- ☐ FENTANYL (☐ PATCH)
- ☐ FIORICET
- ☐ FLEXERIL
- ☐ HYDROCODONE
- ☐ HYDROMORPHONE
- ☐ KADIAN
- ☐ KLONOPIN
- ☐ LORAZEPAM
- ☐ LORCET
- ☐ LORTAB
- ☐ METHADONE
- ☐ MORPHINE (☐ PUMP)
- ☐ MSCONTIN
- ☐ MSIR
- ☐ NORCO
- ☐ NORTRIPTYLINE
- ☐ OPANA (☐ ER)
- ☐ OXY IR
- ☐ OXYCODONE
- ☐ OXYCONTIN
- ☐ PERCOCET
- ☐ RESTORIL
- ☐ ROXICODONE
- ☐ SOMA
- ☐ SUBOXONE
- ☐ TEMAZEPAM
- ☐ TRAMADOL
- ☐ ULTRACET
- ☐ ULTRAM
- ☐ VALIUM
- ☐ VICODIN
- ☐ VICOPROFEN
- ☐ XANAX
- ☐ OTHER _____