# Initial Drug Screen Result Form

AmeriDrug Laboratories **(970) 635-1805**

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

**Step 1: Completed By Collector**

**A. Patient Name:** _____ **Phone:** _____

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

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

**C. Reason for Test:** ☐ Return to Duty ☐ Follow-up

☐ Other (specify) _____

**D. Collection Site Name:**

**Address:** **City, State, Zip:** **Collector Phone:**

**Step 2: To be completed by Patient.**

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 Patient (PRINT) Patient'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) Collector'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 | ☐ | ☐ | ☐ |
| Buprenorphine | BUP | ☐ | ☐ | ☐ |
| 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 _____