



an inverness medical company

ORAL FLUID INITIAL DRUG SCREEN RESULT FORM

Specimen ID Number _____

STEP 1: COMPLETED BY COLLECTOR OR EMPLOYER REPRESENTATIVE

COLLECTION SITE / COMPANY NAME _____

NAME _____

ADDRESS _____ SUITE _____

CITY _____ STATE _____ POSTAL CODE _____

PHONE _____ FAX _____

DONOR SSN, DRIVER'S LICENSE or EMPLOYEE I.D. NO. _____ ID VERIFIED BY: PHOTO ID EMPLOYER REP.

DONOR NAME: Last: _____ First: _____

REASON FOR TEST: Pre Employment Random Reasonable Suspicion / Cause Post Accident Return to Duty Follow Up Other _____

COLLECTOR NAME (PRINT) _____ Collector Phone No. (_____) _____
Collector Fax No. (_____) _____

TO BE COMPLETED BY COLLECTOR

STEP 2: COMPLETED BY DONOR

DONOR CONSENT: I certify that I provided my specimen to the collector, that the specimen container was sealed with a tamper proof seal in my presence and that the information provided on this form and on the label affixed to the specimen container is correct. I hereby give permission for the release of the results of these tests to the health care provider. In the case of screening for employment or pre-employment, I also authorize release of the results of these tests to my employer or prospective employer and / or their authorized health care provider.

X _____ Date (Mo/Day/Yr) _____
Signature of Donor (Print) Donor's Name (First, MI, Last)

Daytime Phone: _____ Evening Phone: _____ Date of Birth: _____
Date (Mo/Day/Yr)

TO BE COMPLETED BY DONOR

STEP 3: COMPLETED BY COLLECTOR — INITIAL TEST RESULTS

ON-SITE SCREENING DEVICE — preliminary results

Lot #: _____

Exp. Date: _____

DRUG NAME	NEG	PRESUMPTIVE POSITIVE	NOT TESTED
Amphetamine (AMP)	[]	[]	[]
Benzodiazepines (BZO)	[]	[]	[]
Cocaine (COC)	[]	[]	[]
Marijuana (THC)	[]	[]	[]
Methamphetamine (mAMP)	[]	[]	[]
Opiate (OPI)	[]	[]	[]
Phencyclidine (PCP)	[]	[]	[]
Other _____	[]	[]	[]
ALCOHOL SCREEN (If Performed)			
Results	[]	[]	[]

Screen performed by: (If different than collector) **X** _____ Date: _____

Remarks: _____

PRESS HARD - YOU ARE MAKING MULTIPLE COPIES

STEP 4: COLLECTOR CERTIFICATION

COLLECTOR CERTIFICATION: I certify that the specimen given to me by the donor identified above was collected, labeled, sealed & released as noted in accordance with applicable requirements.

X _____ Time of Collection _____
Signature of Collector

X _____ Date (Mo/Day/Yr) _____
(Print) Collector's Name (First, MI, Last)