

# Instant Drug Testing Report

Specimen ID: \_\_\_\_\_ Collection Test Date: \_\_\_\_\_

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## Step - 1: Employer information (completed by collector/employer representative)

Company/Collection Site:

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Picture ID Verified: \_\_\_\_\_ Photo ID \_\_\_\_\_ Employer Rep \_\_\_\_\_ Donor's ID Number: \_\_\_\_\_

## Donor Information - (completed by donor)

Donor's Last name: \_\_\_\_\_ Donor's First Name: \_\_\_\_\_

Donor's Phone No.: \_\_\_\_\_ Donor's Date of Birth: \_\_\_\_\_

### **DONOR CONSENT:**

I certify that I am about to provide my urine specimen to the collector. I will not adulterate my specimen in any manner and the information provided on this form is correct. I hereby consent to this test, release and hold harmless the employer and test facility and give permission for the result of this/these test (s) to be given to my employer, prospective employer or employer agents.

Donor's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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## Step - 2: Collection Information - (completed by collector)

Reason for Test:	Pre-Employment	Random	Cause	Post Accident	Return to Duty
Follow Up	Other				

Kit Exp. Date / Lot #: \_\_\_\_\_ / \_\_\_\_\_ Time of Collection: \_\_\_\_\_

Specimen Temperature within Range: Yes (90-100F) \_\_\_\_\_ No, Record temp here: \_\_\_\_\_

Comments: \_\_\_\_\_

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## Step - 3: Initial Test Results (completed by collector/tester)

Negative

Further Testing Needed--*All non-negative results must be confirmed using GC/MS*

**COLLECTOR/TESTER CERTIFICATION:** I certify that the donor's identification had been positively verified and that the specimen identified on this form is the specimen that the donor provided. I certify that I have used the specimen received from the donor and that I have conducted, obtained and recorded the screening test results listed below.

Signature of Collector/Tester: \_\_\_\_\_ Date: \_\_\_\_\_

Print Collector/Tester's name: \_\_\_\_\_