

Specimen ID Number _____

P: 714-707-5115 F: 714-551-6822
 431 N TUSTIN AVE STE C, SANTA ANA CA 92705
 M-F 10 AM - 6 PM

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. (_____) _____

Read specimen temperature with in (4) minutes: Yes, 90° - 100°F (32° - 38°C) No, record specimen temperature here _____

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

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

TO BE COMPLETED BY DONOR

STEP 3: COMPLETED BY COLLECTOR — INITIAL TEST RESULTS

<input type="checkbox"/> ON-SITE SCREENING DEVICE preliminary results <i>(Complete for on-site device results)</i>	SPECIMEN VALIDITY TEST RESULTS <i>(See color chart and package insert for interpretation)</i>		DRUG NAME	PRESUMPTIVE		NOT TESTED
				NEG	POSITIVE	
Lot #: _____ Exp. Date: _____ Screen performed by: X _____ Date: _____ Remarks: _____ _____ _____	<input type="checkbox"/> Oxidant	Normal [] Abnormal []	Amphetamine (AMP)	[]	[]	[]
	<input type="checkbox"/> Specific Gravity	Normal [] Abnormal []	Barbiturates (BAR)	[]	[]	[]
	<input type="checkbox"/> pH	Normal [] Abnormal []	Benzodiazepines (BZO)	[]	[]	[]
	<input type="checkbox"/> Nitrite	Normal [] Abnormal []	Buprenorphine (BUP)	[]	[]	[]
	<input type="checkbox"/> GL	Normal [] Abnormal []	Cocaine (COC)	[]	[]	[]
	<input type="checkbox"/> Creatinine	Normal [] Abnormal []	Marijuana (THC)	[]	[]	[]
			Methadone (MTD)	[]	[]	[]
			Methamphetamine (mAMP)	[]	[]	[]
			Ecstasy (MDMA)	[]	[]	[]
			Opiate (OPI/MOP)	[]	[]	[]
		Oxycodone (OXY)	[]	[]	[]	
		Phencyclidine (PCP)	[]	[]	[]	
		Propoxyphene (PPX)	[]	[]	[]	
		Tricyclic Antidepressants (TCA)	[]	[]	[]	
		Other _____	[]	[]	[]	
		ALCOHOL SCREEN (If Performed)				
		Results	[]	[]	[]	

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 _____
 Signature of Collector

X _____
 (Print) Collector's Name (First, MI, Last)