



URINE SCREENING RESULT FORM

Donor/Applicant Name (First/Last) _____ Date: _____

Location: _____

Picture ID Verified? Yes () No Type of ID: _____ ID#: _____

Test Administered By: _____

Print Collector Name: _____ Lot#: _____

Signature: _____ Expiration Date: _____

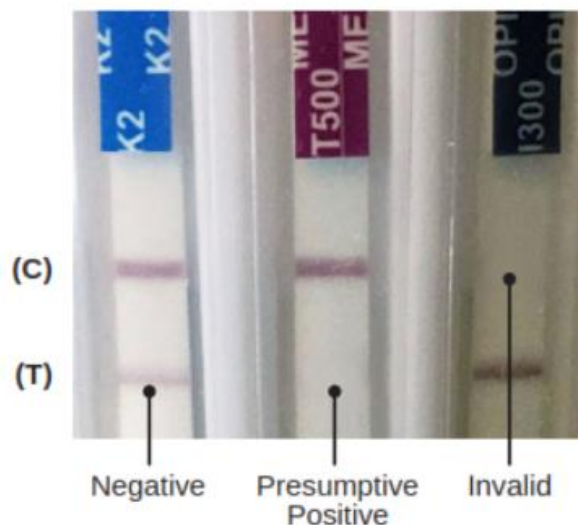
Control lines formed in drug test channel () Yes () No Temperature read within 4 minute () Yes () No

Temperature between 90 – 100? () Yes () No

Results: () Negative – all drugs () Presumptive Positive (Inconclusive/Non-Negative ****SHIP TO LAB**)

() Refusal - Donor refused to cooperate

RESULTS INTERPRETATION



AMS Employee - Witness Signature

Print Witness Name

Date

*FAX RESULTS TO 888.977.8834

***FOR NON-NEGATIVE RESULTS COMPLETE CHAIN OF CUSTODY AND SHIP TO LAB (SEE QUICK GUIDE)**

*HAVE QUESTIONS OR NEED SUPPLIES? CALL 866.413.6872