



Specimen ID # \_\_\_\_\_

# Preliminary Drug Screen Results Form

## Company Information

Company: Alliance Reentry Centers  
Address: 1616 5th Ave N, Bessemer, AL 35020  
Phone: (205) 434-1566

## Donor Information

Donor Name: \_\_\_\_\_ SSN or ID#: \_\_\_\_\_

## Test Information

Reason for Test: \_\_\_ Pre-Employment \_\_\_ Random \_\_\_ Post Accident \_\_\_ Reasonable Suspicion \_\_\_ Periodic  
Date of Collection: \_\_\_\_\_ Time of Collection: \_\_\_\_\_: \_\_\_\_\_ AM / PM  
Specimen Type: \_\_\_ Oral Fluid \_\_\_ Urine     Stick Indicator Test Performed: \_\_\_ YES \_\_\_ NO  
Test Lot #: \_\_\_\_\_ Remarks: \_\_\_\_\_

## Certification and Consent

I certify that the specimen provided is my own and has not been substituted or adulterated. I further agree and grant permission for the testing of my specimen for the presence of drugs and/or alcohol. Also, I hereby give permission for the release of the results of these tests to my employer/prospective employer and/or their authorized healthcare professionals.

Donor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

I certify that I collected the specimen provided by the aforementioned donor and that it was not substituted or adulterated in any manner. I personally tested the specimen promptly using a stick indicator test and the results are indicated below.

Collector Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Preliminary Test Results

<input type="checkbox"/> <b>Negative for all</b>	<input type="checkbox"/> Marijuana -THC	<input type="checkbox"/> Cocaine - COC
	<input type="checkbox"/> Opiate-Morphine - OPI/MOR	<input type="checkbox"/> Methamphetamine - mAMP
	<input type="checkbox"/> Amphetamine – AMP	<input type="checkbox"/> Phencyclidine - PCP
	<input type="checkbox"/> Barbiturates – BAR	<input type="checkbox"/> Benzodiazepine - BZO
<input type="checkbox"/> <b>Positive for the drugs marked:</b>	<input type="checkbox"/> Methadone – MTD	<input type="checkbox"/> Ecstasy-MDMA
	<input type="checkbox"/> Tricyclic-TCA	<input type="checkbox"/> Oxycodone - OXY
	<input type="checkbox"/> Propoxyphene – PPX	<input type="checkbox"/> Alcohol - ALC

## Confirmation

Specimen Sent to Lab for GC/MS Confirmation: \_\_\_ YES \_\_\_ NO     Laboratory Specimen ID #: \_\_\_\_\_