



## DRUG TEST RESULT FORM SPECIMEN ID: TEST DATE:

DONOR INFORMATION (PATIENT BEING SCREENED)				
_AST NAME:		FIRST:		EMPLOYEE ID
DOB:		-		_
COMPANY INFORMATION (COMPANY PERFORMING TEST)				
COMPANY:				
ADDRESS:				
CITY:	STATE:	ZIP	:	
CERTIFICATION				
I certify 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 drug metabolites.				
DONOR SIGNATURE: DATE:				
I certify I collected the specimen provided by the aforementioned donor and that it is not substituted				
or adulterated to the best of my knowledge. Specimen temperature & color were acceptable.				
COLLECTOR SIGNATURE: DATE:				:
DEVICE NAME: TEMPERATURE BETWEEN 90°-100°				
EXPIRATION: YES \( \square\) NO \( \square\)				
ITEM #: LOT #: NOTES:				
DRUG NAME	CUT-OFF	NEGATIVE	POSITIVE	NOT TESTED
Fentanyl (FEN)	25 ng/mL			
LOW NORMAL HIGH LOW NORMAL H	IGH LOW NORMAL HIGH	LOW NORMAL HIGH	LOW NORMAL H	IGH LOW NORMAL HIGH