Identify® Diagnostics

Why Identify? Because you need to know.

# DRUG TEST RESULT FORM

**SPECIMEN ID:**

**TEST DATE:**

## DONOR INFORMATION (PATIENT BEING SCREENED)

**LAST NAME:** _____ **FIRST:** _____

**DOB:** _____

**EMPLOYEE ID**

## 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:** _____

**EXPIRATION:** _____

**TEMPERATURE BETWEEN 90°-100°**

**YES** ☐ **NO** ☐

**ITEM #:** _____ **LOT #:** _____ **NOTES:** _____

| DRUG NAME | CUT-OFF | NEGATIVE | POSITIVE | NOT TESTED |
|---|---|---|---|---|
| Amphetamines (AMP) | 1,000 ng/mL | | | |
| Barbiturates (BAR) | 300 ng/mL | | | |
| Benzodiazepines (BZO) | 300 ng/mL | | | |
| Buprenorphine (BUP) | 10 ng/mL | | | |
| Cocaine (COC) | 300 ng/mL | | | |
| Ecstasy (MDMA) | 500 ng/mL | | | |
| Marijuana (THC) | 50 ng/mL | | | |
| Methadone (MTD) | 300 ng/mL | | | |
| Methamphetamines (MET) | 1,000 ng/mL | | | |
| Opiates / Morphine (OPI/MOP) | 300 ng/mL | | | |
| Oxycodone (OXY) | 100 ng/mL | | | |
| Phencyclidine (PCP) | 25 ng/mL | | | |
| | | | | |
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| | | | | |

| LOW | NORMAL | HIGH | LOW | NORMAL | HIGH | LOW | NORMAL | HIGH | LOW | NORMAL | HIGH | LOW | NORMAL | HIGH | LOW | NORMAL | HIGH |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
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