



Nationwide Testing Association, Inc.

(800) 452.0030 (704) 660.8600

Fax (704) 658.1303

Specimen ID Number 8780312

Collection Test Date \_\_\_\_\_

Lot # \_\_\_\_\_

Exp. Date \_\_\_\_\_

### Initial Drug Screen Result Form

#### Company Information: (Information about the company doing the testing)

Company \_\_\_\_\_

Address \_\_\_\_\_ Suite \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Postal Code \_\_\_\_\_

Collector's Name \_\_\_\_\_ Phone \_\_\_\_\_

Specimen Temperature: (90-100 F.) In Range  Other  Fax \_\_\_\_\_

#### Donor Information: (Information about the person being tested)

Donor's Name \_\_\_\_\_  
(FIRST) (MIDDLE INITIAL) (LAST)

ID # or SSN \_\_\_\_\_

Identification Type \_\_\_\_\_ Expiration \_\_\_\_\_

Type of Test:  Pre-employment  Random  Reasonable Cause  Post Accident  Other

#### Certification Information: (Must be signed by both Donor and Collector)

I hereby 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 drug metabolites and/or alcohol.

Donor's Signature \_\_\_\_\_ Date \_\_\_\_\_

I hereby certify that I collected the specimen provided by the aforementioned Donor and that it was not substituted or adulterated to the best of my knowledge. The specimen temperature and color were acceptable.

Collector's Signature \_\_\_\_\_ Date \_\_\_\_\_

#### Initial Screen Results: (All "Confirm" or non-negative results must be confirmed using GC/MS)

| Drug Name                     | Device Code | Negative                 | Confirm                  | Not Tested               |
|-------------------------------|-------------|--------------------------|--------------------------|--------------------------|
| Cocaine                       | COC         | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Marijuana                     | THC         | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Opiates/Morphine              | OPI/MOR     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Amphetamines                  | AMP         | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Methamphetamine               | mAMP        | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Phencyclidine                 | PCP         | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Benzodiazepine                | BZO         | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Barbiturates                  | BAR         | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Methadone                     | MTD         | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Tricyclic Antidepressants     | TCA         | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Oxycodone                     | OXY         | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Propoxyphene                  | PPX         | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Methylenedioxymethamphetamine | MDMA        | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| ALCOHOL SCREEN                | ALC         | <input type="checkbox"/> | Level _____              |                          |

Last Name

First Name