Multi-Drug Screen Urine Panel/Cup Test-Initial Drug Screen Result Form

Specimen ID Number: _____ Date and Time of Collection _____

Company /Lab Information: (Information about the Company/Lab performing the test)		
Company/Collection Site:		
Address:		
City:	**State:**	**Postal Code:**
Collectors Name:	**Phone:**	**Fax:**
Specimen Temperature(90-100 F) In Range: Yes ☐ No ☐ If No, Enter Remarks:		

Donor Information: (Information about the person being tested)	
Donors Name:	
ID # or SSN :	**Reason for Test:**
Remarks:	**DOB/Phone #**

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. **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 Preliminary Positive Results must be confirmed using LC/MS*

Drug Name	Code	Negative	Preliminary Positive	Not Tested
Amphetamines	AMP			
Barbiturates	BAR			
Benzodiazepine	BZO			
Buprenorphine	BUP			
Cocaine	COC			
Marijuana	THC			
Methylenedioxymethamphetamine	MDMA			
Methamphetamine	mAMP			
Methadone	MTD			
Opiates/Morphine	OPI/MOP			
Oxycodone	OXY			
Phencyclidine	PCP			
Propoxyphene	PPX			
Tricyclic Antidepressants	TCA			

Lot # _____

Exp. Date: _____

Screen performed by:
(if different than collector)
X _____

Date: _____

Remarks:
_____
_____
_____
_____
_____
_____

* For further information about Clarity LC/MS DOA Confirmatory lab testing and its advantages over conventional GC/MS testing, Please contact our Technical service center at: **1-877-485-7877**