

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

Company _____ Phone _____
 Address _____ Fax _____
 City _____ State _____ Postal Code _____
 Collector Name _____

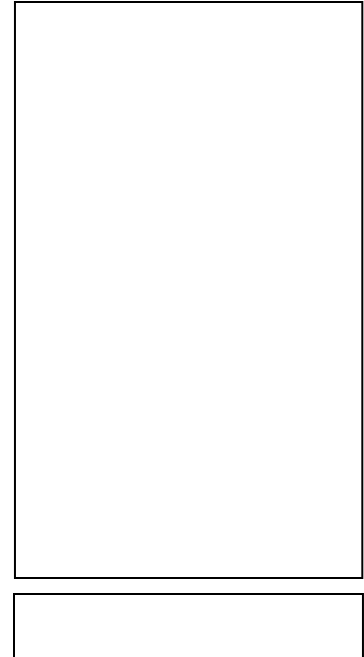
Specimen Temperature: (90 – 100 F) In Range? (Circle response) YES NO

Donor Information: (information about the person being tested)

Donor Name _____
 Identification Type _____ Expiration _____
 ID Number or SSN _____

Certification Information: (must be signed by Donor and Collector)

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.



Collection/Test Date

Collector Signature _____

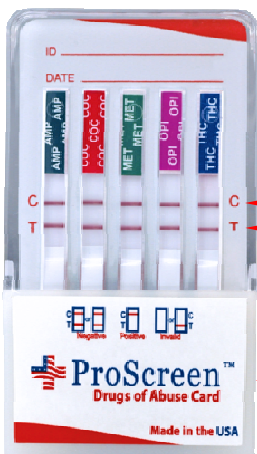
Date _____

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 urine specimen for drug metabolites and, or alcohol.

Donor Signature _____

Date _____

Negative Result	Negative Result	Non-Negative Result	Invalid Result
This screen shows a NEGATIVE result	This Screen shows a NEGATIVE result, even a very light line indicates a NEGATIVE result.	This screen shows a THC NON-NEGATIVE result	This screen shows an INVALID result



Control lines
Test lines

Removable Cap

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	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Amphetamines	AMP	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Methamphetamines	mAMP	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Methylenedioxyamphetamine	MDMA	<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"/>
Oxycodone	OXY	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tri-Cyclic Antidepressants	TCA	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>