

# RAPID-EXAMS, INC. DRUG & ALCOHOL TEST 877-747-TEST

## Urine Drug & Alcohol Screen Result Form

### 1. COMPANY INFORMATION

Company: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Attn: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

### 2. DONOR INFORMATION

Donor Name: \_\_\_\_\_

Donor ID: \_\_\_\_\_

Type of ID:  Driver's License  State ID

Reason for Test:  Pre-employment  For Cause

Post Accident  Random

Arrival Time: \_\_\_\_\_ Departure Time: \_\_\_\_\_

### 3. TO BE COMPLETED BY DONOR:

I 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. I voluntarily consent to this testing.

\_\_\_\_\_  
Print Donor Name

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

\_\_\_\_\_  
Date

### 4. TO BE COMPLETED BY SCREENING PERSONNEL:

Drug Name	Device Code	Cut-Off Level	Negative	Non-Negative	Not Tested
Alco-screen	ALC	.02 - .30	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Alco-screen	DOT	.02 - .30	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Amphetamines	AMP	1,000 ng/mL	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Barbiturates	BAR	300 ng/mL	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Benzodiazepine	BZO	300 ng/mL	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Buprenorphine	BUP	10 ng/mL	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cocaine	COC	300 ng/mL	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Marijuana	THC	50 ng/mL	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Meth-Amphetamine	MET/mAMP	1,000 ng/mL	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Methadone	MTD	300 ng/mL	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Methylenedioxyamphetamine	MDMA	1,000 ng/mL	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Morphine	MOP	300 ng/mL	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Opiates	OPI	2,000 ng/mL	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Oxycodone	OXY	100 ng/mL	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Phencyclidine	PCP	25 ng/mL	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Propoxyphene	PPX	300 ng/mL	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tricyclic Antidepressants	TCA	1,000 ng/mL	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

I 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. I have verified the donor identity by review of the donor's picture ID or by employer or test requestor verification.

\_\_\_\_\_  
Print Collector Name

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

\_\_\_\_\_  
Date

Amount Paid: \_\_\_\_\_  Cash  Credit Card  On Account