

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