

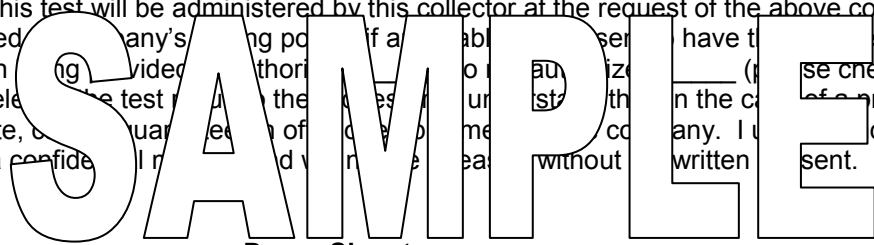
ON-SITE TEST RESULTS REPORT FORM

REQUESTOR/COMPANY NAME : _____
 ADDRESS: _____
 DESIGNATED REP & PHONE: _____

DONOR NAME: _____ SSN: _____
 DONOR ID VERIFIED (✓) _____ Photo ID _____ Employer Rep _____ OTHER _____

CONSENT TO TEST

I understand that this test will be administered by this collector at the request of the above company/individual and that I have been advised of any's _____ ng po _____ if a _____ ab _____ ser _____ have t _____ rformed and that this is my urine specimen _____ ng _____ ideo _____ thori _____ o _____ BU _____ z _____ (_____ se check one) the collector/ collection site to rele _____ e test y _____ the _____ es _____ ur _____ str _____ th _____ n the c _____ se _____ re-employment test, col- lector/collection site, _____ suar _____ ee _____ of _____ c _____ v _____ me _____ cc _____ any. I _____ d that all test results will be maintained in a confide _____ l r _____ d v _____ n _____ ea _____ without _____ written _____ sent.



Date: _____ Donor Signature: _____

REASON FOR TEST: Pre-Employment Random Reasonable Suspicion Post Accident
 Other _____

TEST DEVICE INFORMATION
 Product Name: _____ Panel Size (1, 5, 10, etc) _____
 Lot # _____ Expiration Date: _____

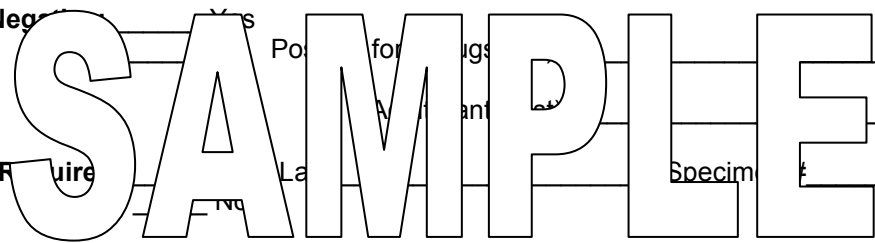
TEST PANEL: (Check all that apply)
 THC Cocaine Opiates Amp Meth PCP
 Barbituates Benzodiazapenes Methadone Other _____

RESULT

DATE OF TEST: _____ TIME: _____ Temp in Range: _____ Yes _____ No

Drug Screen was Negative _____
 Confirmation Test Required _____

COMMENTS: _____
 (In case of confirmation, copy of COC provided to requestor if authorized by donor)



I certify that I performed this test and released the results as authorized by the donor.

Collector Signature: _____ Date _____
 Collection Site: _____
 (Name) (Address)
 Phone: _____ Fax: _____
 Employer— White Copy Collector— Yellow Donor—Pink