

SCREENING RESULT FORM

STEP 1: To Be Completed By Collector and Donor

Employer Name Name: _____ Address: _____ City, State, Zip: _____ Ph: _____ Fax: _____	Collections Site Name: _____ Address: _____ City, State, Zip: _____ Ph: _____ Fax: _____
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Donor Name: (please print)	Donor ID Number:
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First Name	Middle	Last Name
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Test Reason: <input type="checkbox"/> Pre-Employment <input type="checkbox"/> Random <input type="checkbox"/> Post-Accident <input type="checkbox"/> Other _____ (Please Describe)	ID Verified By: <input type="checkbox"/> Photo ID <input type="checkbox"/> Employer Representative <input type="checkbox"/> Other _____
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I certify that I have provided my specimen to the collector and hereby consent to this screening test. I will not adulterate my specimen in any manner and the information provided on this form is correct. I agree to release and hold harmless the employer and the test facility, and give my permission for the result of this/these tests to be given to the company identified on this form or its designated agents.

Donor Signature: _____	Date: _____
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STEP 2: To Be Completed by Collector

<table border="0"> <tr> <th style="text-align: left;">Screening Result</th> <th style="text-align: left;">Negative</th> </tr> <tr><td>Amphetamines</td><td><input type="checkbox"/></td></tr> <tr><td>Barbiturates</td><td><input type="checkbox"/></td></tr> <tr><td>Benzodiazepines</td><td><input type="checkbox"/></td></tr> <tr><td>Cocaine</td><td><input type="checkbox"/></td></tr> <tr><td>Cotinine</td><td><input type="checkbox"/></td></tr> <tr><td>methAmphetamine</td><td><input type="checkbox"/></td></tr> <tr><td>MDMA</td><td><input type="checkbox"/></td></tr> <tr><td>Methadone</td><td><input type="checkbox"/></td></tr> <tr><td>Opiates</td><td><input type="checkbox"/></td></tr> <tr><td>Oxy</td><td><input type="checkbox"/></td></tr> <tr><td>Phencyclidine</td><td><input type="checkbox"/></td></tr> <tr><td>PPX</td><td><input type="checkbox"/></td></tr> <tr><td>Cannabinoids</td><td><input type="checkbox"/></td></tr> <tr><td>Buprenorphine</td><td><input type="checkbox"/></td></tr> <tr><td>TCA</td><td><input type="checkbox"/></td></tr> <tr><td>Other: _____</td><td><input type="checkbox"/></td></tr> </table>	Screening Result	Negative	Amphetamines	<input type="checkbox"/>	Barbiturates	<input type="checkbox"/>	Benzodiazepines	<input type="checkbox"/>	Cocaine	<input type="checkbox"/>	Cotinine	<input type="checkbox"/>	methAmphetamine	<input type="checkbox"/>	MDMA	<input type="checkbox"/>	Methadone	<input type="checkbox"/>	Opiates	<input type="checkbox"/>	Oxy	<input type="checkbox"/>	Phencyclidine	<input type="checkbox"/>	PPX	<input type="checkbox"/>	Cannabinoids	<input type="checkbox"/>	Buprenorphine	<input type="checkbox"/>	TCA	<input type="checkbox"/>	Other: _____	<input type="checkbox"/>	Lot Number: _____ Expiration Date: _____ Product Item #: _____ Date: _____ Time: _____ Temperature between 90 – 100 degrees: <input type="checkbox"/> Yes <input type="checkbox"/> No
Screening Result	Negative																																		
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I certify that the above-named donor's identification has been positively verified and the specimen documented on this form is the same specimen provided by the donor. I certify that I have used the specimen received from the donor and that I have conducted, obtained, and accurately recorded the screening results listed below.

Collector Print Name: _____	Date: _____	Signature: _____
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Follow-up Action

None: This screening test result is **NEGATIVE**

Confirmation Required: Complete 3-part Keystone Requisition in its entirety and seal sample with labels located on bottom of requisition.

NOTE: This assay provides only a preliminary analytical result. A more specific laboratory test using Gas Chromatography (GC)/MS and/or Liquid Chromatography (LC)/MS/MS is recommended to obtain a confirmed analytical result.