

# Rapid Drug Test Results Form

Specimen #: \_\_\_\_\_

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

Applicant/ Employee Name: \_\_\_\_\_  
(Print)

Date: \_\_\_\_\_

SS# / ID#: \_\_\_\_\_

Picture ID Verified: ☐ Yes ☐ No

## Reason for Drug Test:

☐ Pre-employment ☐ Random ☐ Post Accident ☐ For Cause ☐ Other: \_\_\_\_\_

## Drugs Test Results

Name	Abbreviation	Negative	Confirm	Not Tested
Marijuana	THC	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cocaine	COC	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Opiates	MOP/OPI	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Amphetamine	AMP	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Methamphetamine	MAMP	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Phencyclidine	PCP	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Benzodiazepines	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"/>
Tricyclic Antidepressants	TCA	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Propoxyphene	PPX	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Oxycodone	OXY	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ecstasy	MDMA	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Buprenorphine	BUP	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Alcohol Screen ☐ Level: \_\_\_\_\_

## Further Testing Needed: Any positive screen or abnormal test results.

☐ Sample Sent to Lab for GC/MS Confirmation Testing. *Name of Lab:* \_\_\_\_\_

☐ Applicant/ Employee Directed to Lab / Clinic: *Name of Clinic/Lab:* \_\_\_\_\_

☐ Applicant/ Employee Refused Further Testing: *Signature of Donor:* \_\_\_\_\_

## Certification Information:

I certify that the above specimen was collected on (date) \_\_\_\_\_. I verify that the above information is true and correct, that the specimen is my own, hasn't been tampered with. I release my specimen to the individual listed below.

Donor:  
Employee/Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Tester's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Witness: \_\_\_\_\_ Date: \_\_\_\_\_

Additional Notes: \_\_\_\_\_