MEDIMPEX United Inc.
www.meditests.com

Specimen ID # _____

On-Site Drug Test Results Form

Company Information: (Information about the company doing the testing)

Company Name _____ Suite _____

Address _____ Zip _____

City _____ State _____ Phone/Fax _____

Donor Information: (Information about the person being tested)

Donor Name _____ SSN or ID# _____

Identification Type _____ Expiration _____

Test Information:

Reason for Test: ☐ Pre Employ ☐ Random ☐ Post Accident ☐ Reasonable Suspicion ☐ Periodic

Date of Collection: _____ Time of Collection: _____ : _____ AM / PM

Specimen Type: ☐ Oral Fluids ☐ Urine Temperature 90 - 100 ° F ☐ YES ☐ No

Lot #: _____ Remarks: _____

Certification Information: (Must be signed by both Donor and Collector)

I hereby 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 specimen for drug metabolites and/or alcohol. Also, I hereby give permission for the release of the results of this test to my employer/prospective employer and/or their authorized Healthcare professionals.

_____ _____

Donor's Signature Date

I hereby 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.

_____ _____

Collector's Signature Date

Test Results:

☐ **Negative for all**

☐ **Positive** - for the drugs marked:

☐ Alcohol - ETG	☐ Methadone - MTD
☐ Amphetamines - AMP	☐ Nicotine / Cotinine - COT
☐ Barbiturates - BAR	☐ Opiates/Morphine - OPI
☐ Buprenorphine - BUP	☐ Oxycodone - OXY
☐ Benzodiazepine - BZO	☐ Marijuana - THC
☐ Cocaine - COC	☐ Phencyclidine - PCP
☐ Methamphetamine - mAMP	☐ Propoxyphene - PPX
☐ MDMA - MDMA	☐ Tricyclic - TCA

Adulteration

☐ OX	Oxidant
☐ SG	Specific Gravity
☐ pH	pH